Form **990** 

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493325000367 OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public

Interna	l Revenue S	ervice	► Information about	Form 990 and its instruc	tions is at <u>www</u>	IRS gov/form	990		Inspection	
A F	or the 20	16 ca	⊔ alendar year, or tax year beginr	ning 01-01-2016 , and	l ending 12-31	-2016				
□ Ad	ck if applications of the contraction of the contra	ge	C Name of organization OpenStack Foundation				<b>D Employer</b> i 46-061868		ication number	
	me change tıal return		Doing business as							
□detur	n/terminat nended reti		Number and street (or P O box if ma PO Box 1903	Il is not delivered to street ac	Idress) Room/suit	e e	E Telephone n	umber		
	plication pe		City or town, state or province, count	ry and ZIP or foreign postal	code		(210) 317	-2438		
			Austin, TX 78767	ry, and 211 or foreign postar	code		<b>G</b> Gross receip	ots \$ 2	2,829,442	
			F Name and address of principal	officer		H(a) Is this	a group retur	n for		_
							linates? subordinates		☐Yes ☑No	
	x-exempt s	tatus	☐ 501(c)(3) <b>☑</b> 501(c)(6) <b>◄</b> (1	(nsort no.)	) or	` ´ ınclud			Yes No	
J W	ebsite: ▶	wwv	v openstack org	msercino /	7 01 🗀 327		exemption nu	•	•	
						<b>L</b> Year of forma	tion 2012 M	State	of legal domicile DE	
<b>K</b> Forr	n of organi	zation	Corporation Trust Assoc	lation ☐ Other ►		L fear of forma	tion 2012	State	or legal dornicile. DE	
Pa			nary				<u>'</u>			_
Governance	Oper	Stack owerir	cribe the organization's mission or Foundation is an independent bod ng, and Promoting OpenStack softv	y providing shared resou	rces to help ach					ng —
·еш										_
G0V	<b>2</b> Che	ck this	s box ▶ ☐ If the organization disc	ontinued its operations o	r disposed of m	ore than 25%	of its net asse	eţs		
			of voting members of the governing	3	<b> </b>	26				
Activities &			of independent voting members of t wher of individuals employed in cale		•			5		26 0
Ç			nber of volunteers (estimate if nece		•			6		<del>-</del>
•	7a Tota	al unre	elated business revenue from Part	VIII, column (C), line 12				7a		0
	<b>b</b> Net	unrela	ated business taxable income from	Form 990-T, line 34 .			•	7b		_
						Prie	or Year		Current Year	
ğ			ions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)		21 924 061		22 208 (	0		
Rəvenue	1	_	nt income (Part VIII, column (A), li			21,824,961	+	22,208,9		
ď	1		enue (Part VIII, column (A), lines !	· · ·			15,430		616,7	
			enue—add lines 8 through 11 (mus				21,844,719		22,829,4	
	<b>13</b> Gra	nts an	d sımılar amounts paid (Part IX, co	olumn (A), lines 1–3).						0
	<b>14</b> Ben	efits p	oald to or for members (Part IX, co	lumn (A), line 4)						0
${\mathfrak E}$	<b>15</b> Sala	aries, d	other compensation, employee ber	efits (Part IX, column (A	), lines 5-10)					0
ens	<b>16a</b> Pro	fessioi	nal fundraising fees (Part IX, colum	nn (A), line 11e)						0
Expenses			aising expenses (Part IX, column (D), lin	· -			24 442 255	_	20.047	
		-	penses (Part IX, column (A), lines 1				21,140,955	+	29,047,4 29,047,4	
		-	enses  Add lines 13–17 (must equa less expenses  Subtract line 18 froi		•		21,140,955 703,764	+	-6,217,9	
8 8	III KCV		Subtract line 10 hor		<u> </u>	Beginning	of Current Year	+	End of Year	_
anc										
Ass 1 Ba			ets (Part X, line 16)				9,226,930		6,401,0	
Net Assets or Fund Balances			lities (Part X, line 26)				3,375,171 5,851,759	+	6,767,2 -366,2	
Pai			ature Block	THOM MIC 20 1 1 1	• •		3,031,733		300,2	
	•		erjury, I declare that I have examin	· ·						
	eage and nowledge		f, it is true, correct, and complete	Declaration of prepa						
		. * * * * * *								
Sign		Signatu	ire of officer							
Here	. I.	lonatha	an Bryce Exec Director							
	N=		print name and title							
	_		nnt/Type preparer's name	Preparer's signature Bob Dunagan						

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ▶ 3724 Jefferson Street Suite 307

Austin, TX 78731

Firm's name Dunagan Jack LLP

Paid

**Preparer** 

**Use Only** 

Form	990 (201	5)			Page <b>2</b>
Par	t IIII S	tatement of Program Service Acc	omplishments		
	c	heck if Schedule O contains a response or	note to any line in this Part III		🗆
1		escribe the organization's mission			
Prom Oper usag	oting Ope Stack Fou	ndation is an independent body providing s nStack software and the community aroun ndation is to serve developers, users and t and private clouds, enable technology ver	d it, including users, developers and he entire cloud computing ecosyster	the entire cloud computing industry in in providing a set of shared res	stry The goal of ources to grow the
2	Did the o	rganization undertake any significant prog	ram services during the year which	were not listed on	
-		Form 990 or 990-EZ?	<del>-</del> ,		☐ Yes ☑ No
	•	describe these new services on Schedule (			
3	•	irganization cease conducting, or make sig		any program	
		'	-		🗌 Yes 🗹 No
	If "Yes,"	describe these changes on Schedule O			
4	Section !	the organization's program service accom $501(c)(3)$ and $501(c)(4)$ organizations are s, and revenue, if any, for each program se	required to report the amount of gra	est program services, as measure ants and allocations to others, the	d by expenses total
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Addıt	onal Data			
		V			,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other or	ogram services (Describe in Schedule O )			
-tu	(Expense	-	rants of \$	(Revenue \$	)
4e	Total pr	ogram service expenses ►			

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Page 3

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No

Form 990 (2016)

Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

or X as applicable

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

If "Yes," complete Schedule D, Part VI

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

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Yes

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Part IV	Checklist of Required Schedules (continued)		
		Yes	No

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

	Zua	INO
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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24a

24b

24c

24d

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25b

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35a

35h

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Yes

Form 990 (2016)

orm	990 (2016)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		No
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	טכ		· · · ·
C	If res, to line 3a or 3b, did the organization line rollin 6666-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	the year and a second a second and a second a second a second a second a second a second and a s	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
b	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		No
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm <b>99</b>	0 (201)
			nrm uu	

Par	Part VI Governance, Management, and DisclosureFor each "8a, 8b, or 10b below, describe the circumstances, proces				" respo	nse to li	ines
	Check if Schedule O contains a response or note to any li	ne in this Part VI					<b>✓</b>
Se	Section A. Governing Body and Management						
						Yes	No
1a	1a Enter the number of voting members of the governing body at	the end of the tax year	1a	26			
	If there are material differences in voting rights among membe body, or if the governing body delegated broad authority to an similar committee, explain in Schedule O						
b	<b>b</b> Enter the number of voting members included in line 1a, above	, who are independent	1b	26			
2	2 Did any officer, director, trustee, or key employee have a family officer, director, trustee, or key employee?	relationship or a busines	ss relat	cionship with any other	2		No
3	3 Did the organization delegate control over management duties of officers, directors or trustees, or key employees to a manage				3		No
4	4 Did the organization make any significant changes to its govern	ing documents since the p	prior Fo	orm 990 was filed?	4		No
5	5 Did the organization become aware during the year of a signific	ant diversion of the organ	nization	ı's assets? .	5		No
6	<b>6</b> Did the organization have members or stockholders?				6	Yes	
7a	<b>7a</b> Did the organization have members, stockholders, or other personnembers of the governing body?		o elect	or appoint one or more	7a	Yes	
b	<b>b</b> Are any governance decisions of the organization reserved to (or persons other than the governing body?	or subject to approval by)	memb	pers, stockholders, or	7b		No
8	8 Did the organization contemporaneously document the meeting the following			aken during the year by			
а	a The governing body?				8a	Yes	
b	<b>b</b> Each committee with authority to act on behalf of the governing	j body?			8b	Yes	
9	<b>9</b> Is there any officer, director, trustee, or key employee listed in organization's mailing address? <i>If "Yes," provide the names and</i>			be reached at the	9		No
Se	Section B. Policies (This Section B requests information a	bout policies not requi	ired by	y the Internal Revenue	e Code	e.)	
						Yes	No
	.0a Did the organization have local chapters, branches, or affiliates				10a		No
b	b If "Yes," did the organization have written policies and procedule and branches to ensure their operations are consistent with the	es governing the activitie organization's exempt pu	s of su irposes	ich chapters, affiliates, 5 <sup>7</sup>	10b		
11a	.1a Has the organization provided a complete copy of this Form 990 form?	to all members of its gov	verning • •	g body before filing the	11a		No
b	${f b}$ Describe in Schedule O the process, if any, used by the organiz	ation to review this Form	990				
12a	.2a Did the organization have a written conflict of interest policy? It	"No," go to line $13  \cdot  \cdot $			12a	Yes	
b	<b>b</b> Were officers, directors, or trustees, and key employees require conflicts?	ed to disclose annually into	erests	that could give rise to	12b	Yes	
С	c Did the organization regularly and consistently monitor and enfo Schedule O how this was done		policy?	If "Yes," describe in	12c	Yes	
13	Did the organization have a written whistleblower policy? .				13		No
14	.4 Did the organization have a written document retention and des	struction policy?			14		No
15	Did the process for determining compensation of the following persons, comparability data, and contemporaneous substantiation						
а	a The organization's CEO, Executive Director, or top management	official			15a	Yes	
b	${f b}$ Other officers or key employees of the organization				15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (	see instructions)					
16a	.6a Did the organization invest in, contribute assets to, or participal taxable entity during the year?				16a		No
b	<b>b</b> If "Yes," did the organization follow a written policy or procedur in joint venture arrangements under applicable federal tax law, status with respect to such arrangements?	and take steps to safegua	ard the		16b		
Se	Section C. Disclosure						
17	List the States with which a copy of this Form 990 is required to	be filed►					
18	Section 6104 requires an organization to make its Form 1023 (a available for public inspection. Indicate how you made these available for public inspection.			990-T (501(c)(3)s only)			
	$\square$ Own website $\square$ Another's website $ olimits$ Upon request	Other (explain in Sc	:hedule	· O)			
19	policy, and financial statements available to the public during th	ne tax year					
20	State the name, address, and telephone number of the person Jonathan Bryce PO Box 1903 Austin, TX 78767 (210) 317-2	who possesses the organi 438	zation'	s books and records			

orm 990 (2	016)											Page <b>7</b>
Part VII	Compensation of Officers and Independent Contra		Truste	es, l	Key	En	ploy	ees	, Highest Comp	ensated Employ	ees,	
	Check if Schedule O contains a	response or no	te to an	y line	ın t	hıs l	Part VI	Ι.				<u>.                                     </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	d H	lighe	st C	ompensated En	nployees		
year ● List all	e this table for all persons require of the organization's <b>current</b> off ition Enter -0- in columns (D), (	icers, directors,	trustee	s (wł	neth:	er in	dıvıdu		,		-	s tax
•	of the organization's <b>current</b> key		•					fınıtı	on of "key employe	e "		
<ul> <li>List the who received</li> </ul>	organization's five <b>current</b> high d reportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	han ar	n off	icer, director, truste	e or key employee)	1	
of reportable	of the organization's <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatio	ons .				·	·	
organization	of the organization's <b>former dire</b> , more than \$10,000 of reportab	le compensation	n from t	he or	ganı	ızatı	on and	any	/ related organizatio	ns	2	
compensate	in the following order individua d employees, and former such p	ersons										
☐ Check ti	his box if neither the organizatio	n nor any relate	d organ	nzatio	on co	omp	ensate	d ar	y current officer, di	rector, or trustee		
	( <b>A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estima amount o compens from s organizati relati	ited f other sation the on and ed
		,	Individual trustee or director	ocnal Trustee		employee	Highest compensated employee					
See Additiona	al Data Table											

Page **8** 

ectors, Trustee	s, Key	Emp	loye	es,	and	Hig!	nest Co	ompen	sate	d Employees	(con	tınued)	
(B) Average hours per week (list any hours	t che unles ficer	ess pers r and a tee)	rson a	Rep comp fro organi	Reportable compensation from the organization (W-		from related organizations (	w-	(F) Estimated amount of othe compensation from the				
organizations below dotted line)		Institutional Trustee	Officer	Key employee	ee ee	Former	2/10	¥5-[¥120	-)			relat	ed
						上							
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	<u> </u>	<u> </u>	$\prod$		<u> </u>	+	<u> </u>				$\pm$		
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	<u> </u>	<u></u>	<u></u>		<u> </u>	<u>_</u>	<u> </u>		_		$\top$		
Part VII, Sectio		•			<b>▶</b>	_		4 603 343			T		156,47
		se liste	ed at	bove	e) who	rec	eived m	ore than	า \$10	00,000		T .,.	·
				mpl	oyee,	or hı	ghest co	ompensa	ated	employee on	٦		No No
ons greater than \$	\$150,00	00? <i>Iḟ</i>								the			140
ceive or accrue cor	mpensat	tion fr						zation or	· Indi	vidual for	4	Yes	
actors				/ Ju	CII pei	-5011	· · ·	<u> </u>	<u> </u>	• • •	5		No
ighest compensate											nper	nsation	
(A)				5	*****			T		(B)			
e and business	:55									•			,954,000
													310.70
								Flectino	logy				318,79
								Legal					307,80
								Commı	unity l	Dev		1	246,85
								Public R	≀elatio	ons			213,59
tors (including by	t not lin	outed :	to th		listed	aho	ve) who	receive	d me	oro than ¢100 00	nn of		
o dish ed. , iii con a igip m	(B) Average hours per week (list any hours for related organizations below dotted line)  Part VII, Sections in the properties of the sum of reports of the sum of reports of the sum of reports of the sum of the	(B) Average hours per week (list any hours for related organizations below dotted line)  Part VII, Section A	(B) Average hours per week (list any hours for related organizations below dotted line)  Part VII, Section A  Ing but not limited to those list ne organization ▶ 7  Par officer, director or trustee, kee J for such individual  Is the sum of reportable compons greater than \$150,000? If  If "Yes," complete Schedule organization for the calendar year (A)  Read of the sum of the calendar year (A)  Read of the sum of the calendar year (A)  Read of the sum of the calendar year (A)  Read of the sum of the calendar year (A)  Read of the sum of the calendar year (A)  Read of the sum of the calendar year (A)  Read of the sum of the calendar year (A)  Read of the sum of the calendar year (A)  Read of the sum of the calendar year (A)  Read of the sum of the calendar year (A)	(B) Average hours per week (list any hours for related organizations below dotted line)  Part VII, Section A  Ing but not limited to those listed aline organization ▶ 7  Par officer, director or trustee, key ender officer, director officer, di	Average hours per week (list any hours for related organizations below dotted line)  Part VII, Section A  Ing but not limited to those listed above the organization > 7  Per officer, director or trustee, key employed by for such individual  Is the sum of reportable compensation ons greater than \$150,000? If "Yes," complete Schedule J for such individual individ	Average hours per week (list any hours for related organizations below dotted line)  Part VII, Section A  Ing but not limited to those listed above) who is the sum of reportable compensation and cons greater than \$150,000? If "Yes," complete Schedule J for such per con?	Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or oliginal flustee emptioned and flustee emptioned	Average hours per week (list any hours for related organizations below dotted line)  Part VII, Section A  Ing but not limited to those listed above) who received me organization > 7  The organization > 7  The organization   7  The organizatio	(B) Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or officer in the director of th	(B) Average hours per week (list any hours for related organization shelow dotted line)  Part VII, Section A  Par	Average hours per week (list any hours for related organization is both an officer and a director/trustee)   For related organization below dotted line)   Part VII, Section A   Part VII, Section	(8)  Average horse per how one box, unless person so than one box, unless person so than an increase of a sincetor/trustee)  Both an increase of a sincetor/trustee)  Sold and the person sold and the person sold and the compensation of an increase of a sincetor/trustee)  Sold and the person sold and the person sold and the compensation of the person sold and the p	A verage hours per week (list any hours for related organizations below dotted line)    Part VII, Section A

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 5

Part	VIII Statement of Revenue					Page S
Part	Check if Schedule O contains a re	sponse or note to any	v line in this Part VII	ıı		
	check if Schedule o contains a re-	ponse of flore to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns 1:	<u>_</u>		revenue		512-514
nts ints	<b>b</b> Membership dues   11	<u> </u>				
Gra not	c Fundraising events   10	:				
ts. T	d Related organizations	1				
<u>s</u>	e Government grants (contributions)	<u> </u>				
ributions, Gifts, Grants Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included					
utic Ter	and similar amounts not included above	f				
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$					
Cont and	h Total.Add lines 1a-1f	_	0			
	II Totali Aud lilles 1a-1i	Busines	s Code			
ène.	<b>2a</b> Comm from conf ctr usage					
<u>₹</u>	<b>b</b> Events & conferences		3,	.831,201 3	3,831,201	
AC e	C Membership Dues & Assessments		6,		5,658,333	
3	d Product sales e Sponsorships		11.	.707,400 11	.,707,400	
ran	<del>-                                    </del>		,	,	,	
Program Service Revenue	f All other program service revenue	22,	,208,911			
	<b>9 Total.</b> Add lines 2a–2f	- interest and other	. 1			
	sımılar amounts)	j	3,73			3,735
	4 Income from investment of tax-exemple		<u> </u>	0		
	<b>5</b> Royalties	(II) Personal	<u>▶ </u>			
	6a Gross rents	(.,,	7			
	<b>b</b> Less rental expenses		_			
	<b>5</b> 2000 100000 00000					
	c Rental income or (loss)					
	d Net rental income or (loss)		┪	0		
	(ı) Securities	(II) Other				
	7a Gross amount from sales of assets other					
	than inventory					
	<b>b</b> Less cost or other basis and		7			
	sales expenses		_			
	C Gain or (loss) d Net gain or (loss)	<u> </u>	_	0		
	<b>8a</b> Gross income from fundraising events					
nue	(not including \$ of contributions reported on line 1c)					
₹ N	See Part IV, line 18	a				
æ	<b>b</b> Less direct expenses <b>c</b> Net income or (loss) from fundraising	b		0		
Other Revenue	9a Gross income from gaming activities	events •				
0	See Part IV, line 19	_				
	<b>b</b> Less direct expenses	a b	$\dashv$			
	c Net income or (loss) from gaming acti			0		
	10aGross sales of inventory, less returns and allowances					
	recarris and anowances	a				
	${f b}$ Less cost of goods sold $\ . \ \ .$	b				
	Net income or (loss) from sales of inve			0		
	Miscellaneous Revenue  11a <sub>Miscellaneous</sub>	Business Code	18,41	18 18,	.418	
	i iiscondificous					
	b Refunds/Allowances		598,37	78 598,	.378	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		616,79	96		
	12 Total revenue. See Instructions .	•	22,829,44	12 22,825,	.707	3,735

Forr	n 990 (2016)				Page <b>10</b>
	IT IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX		<u> </u>	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	a Management	0			
	Legal	400,706			
	Accounting	1,000			
	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
	- · · · · · · · · · · · · · · · · · · ·	0			
	Investment management fees	0			
	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	_			
	Advertising and promotion	170,862			_
13	Office expenses	95,994			
14	Information technology	522,753			_
15	Royalties	0			
16	Occupancy	35,971			
17	Travel	93,760			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11,930,476			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
	Insurance	0			
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a Community Development	10,960,120			
	<b>b</b> Leased personnel costs	4,677,983			
	c Bad debt expense	115,000			
	d Other general administrative	23,522			
	e All other expenses	19,255			
25	Total functional expenses. Add lines 1 through 24e	29,047,402	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

	cash-hon-interest-bearing	,	_	,
2	Savings and temporary cash investments	5,650,830	2	2,400,991
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net	2,579,090	4	2,922,638
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
6	Loans and other receivables from other disqualified persons (as defined under			

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . . . . 7

10a

10b

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11 . . . . .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

**Total liabilities.** Add lines 17 through 25 .

**b** Less accumulated depreciation

Grants payable . .

Deferred revenue . . . .

Complete Part X of Schedule D

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

31

32

33

34

Net

Liabilities 22

Assets Inventories for sale or use 8 581,905 692,731 Prepaid expenses and deferred charges . 9

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0

6.401.054

2,511,000

4.256,255

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-366.201

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6.401.054 Form **990** (2016)

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28

31

32

33

34

9.226.930

1,229,573

2.145.598

3,375,171

5.851.759

5,851,759

9.226.930

Fund Balances Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), Assets or check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . 30

2c

3а

3b

Nο

Form 990 (2016)

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

#### Additional Data

Software Version: 2016v3.0

**EIN:** 46-0618689

Name: OpenStack Foundation

OpenStack Foundation held several conferences, workshops, and meetings to promote cloud computing and provide education on the cloud computing industry globally

**Software ID:** 16000303

Form 990, Part III, Line 4a:

Form 990 (2016)

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related Highest compens (W-2/1099-(W- 2/1099organization and Former Individual trustee or director Key employee Institutional MISC) organizations MISC) related below dotted organizations line) Trus

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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Alan Clark	8 00	×		x			0	0	
Chair	0 00						_	_	
Lew Tucker	1 00	×		×			0	0	
Vice Chair	0 00							,	
Roland Chan	1 00	×			Ī		0	0	
Director - Gold	0 00							, and the second	

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Roland Chan	1 00	X		
Director - Gold	0 00	X		
Robert Esker	1 00	X		
Dırector - Gold	0 00	^		
Alex Freedland	1 00	х		
Director - Gold	0.00	^		

Steve Hallett

Director - Gold

Kenji Kaneshige

Director - Gold

Director - Gold

Director - Gold

Director - Gold

Manju Ramanathpura

Annı Laı

Raj Patel

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related Highest comperence (W-2/1099-(W- 2/1099organization and Officer Former individual trust or director key employee Institutional MISC) organizations MISC) related below dotted organizations line)

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Dır - Platınum	0 00							
Eleen Evans	1 00	×					0	
Dır - Platınum	0 00							
Toby Ford	1 00							
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Imad Sousou

Dir - Platinum

Russell Bryant

Edgar Magana

Tım Bell

Director

Director

Director

Todd Moore

Mark McLoughlin

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099-Highest comp employee organization and individual tru or director Officer Former Key employe Institutiona organizations MISC) MISC) related below dotted organizations line)

		ខេត្ត	Trustee	Ď	pensated			
Kavıt Munshı	1 00					0	0	,
Director	0 00	^				0	0	
Allison Randal	1 00					0	0	
Director	0 00	^					0	

Allison Kanuai		x			o l	0	ı
Director	0 00				J	,	
Boris Renski	1 00						
	•••••	X			0	0	1
Director	0 00						ı
Egel Sigler	1 00						
~ ~ ~		X			0	0	ı

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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ris Renski	1 00						
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Dire

Monty Taylor

Shane Wang

Jonathan Bryce

Exec Director

Mark Collier

Lauren Sell

Heidi Bretz

VP Mkt & Comm

Dir of Bus Dev

COO

Director

Director

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Position (do not check more Reportable Reportable Average than one box, unless amount of other hours per compensation compensation person is both an officer from the from related week (list any hours and a director/trustee) organization organizations

(F)

Estimated

compensation from the

22,553

15,000

134,525

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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0 00

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Clark Boylan

Infrastructure Eng

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Todd Morey Creative Director	45 00 0 00					x		175,029	0	29,099

		នុម្ម	frustee	ē	oensated			
Todd Morey	45 00				x	175,029	0	-
Creative Director	0 00					173,023	,	•
Jeremy Stanley	45 00					153.600		
Infrastructure Eng	0 00				^	152,699	0	4

### DLN: 93493325000367 OMB No 1545-0047

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public

2015

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

Inspection

		ntification nur	nber	
Оре	enStack Foundation 46-0618689	)		
Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence	:		
	Tax idemnification and gross-up payments  — Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part I	II		
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations   Approval by the board or compensation committee	e e		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing orga or a related organization	nization		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
_	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b		5b		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	<b>6</b> a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," described in Part III	e <b>8</b>		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulation			

section 53 4958-6(c)?

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

ror each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII. Section A line 1a applicable column (D) and (E) amounts for that individual Note.

(A) Name and Title	ļ	(B) Breakdown of	fW-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		Base (ı) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Heidi BretzDir of Bus Dev	(i)	222,054			8,074	7,549	237,677	
	(ii)	,	1	'				
<b>2</b> Jeremy Stanley Infrastructure Eng	(i)	152,699			8,762	13,791	175,252	
	(ii)	,	1					
<b>3</b> Jonathan Bryce Exec Director	(i)	389,963			5,381	19,160	414,504	
	(ii)	,	1					
<b>4</b> Lauren Sell VP Mkt & Comm	(i)	214,106			9,033	9,248	232,387	
	(ii)	1	1					
5 Mark CollierCOO	(i)	314,966			12,250	19,124	346,340	
	(ii)	1	1	·				
<b>6</b> Todd Morey Creative Director	(i)	175,029			10,455	18,644	204,128	
	(ii)	,	1		]			

Schedule J (Form 990) 2015	Page <b>3</b>
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation

Schedule J (Form 990) 2015

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493325000367				
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spec Form 990 or 990-EZ or to provide any additional i  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.	ific questions on nformation.	2016 Open to Public Inspection				
Name of the org OpenStack Foundar	tion	<b>Employer ident</b> 46-0618689	ification number				
	e O, Supplemental Information						
Return Reference	Explanation						
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	members can join for free and participate on their own or as part of their paid employmen t. These members have a right to run for, and vote for, a number of leadership positions B. Platinum members are companies which make a significatin strategic commitment to OpenStac k in funding and resources. Platinum members have a high level of involvement in OpenStack in strategy and resources. Platinum members each appoint a member to the Board of Directo.						

Return Explanation
Reference

990 Schedule O. Supplemental Information

Form 990,
Part VI, Line
11b Form
990 Review
Process

Return
Reference

Explanation

The board is required at least annually to disclose any conflicts of interest

990 Schedule O, Supplemental Information

1 01111 990,	The board is required, at least arritality, to disclose any conflicts of interest
Part VI, Line	
12c	
Explanation	
of Monitoring	
and	
Enforcement	
of Conflicts	

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	A compensation committee, comprised of board members who also serve as board members for o ther nonprofit organizations, determine officer compensation based on compensation of officers in similar nonprofit organizations, industry standards, and officer experience

Return Explanation

990 Schedule O, Supplemental Information

Form 990,	Upon written request, these documents will be made available for public inspection
Part VI, Line	
19 Other	
Organization	
Documents	
Publicly	
Available	