

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



- 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public

2.00		enue Service Pine Organization may have to use a copy of this return t				Inspection		
<u>A</u> _	For t		009, and ending	6/30/		20 10		
B	B Check if applicable: Please C Name of organization CACHE CORPORATION D Employer identification number							
_		s change beef or cong business AS SAME AS ABOVE			23	7331829		
Q	Name (change state or Number and street for P.O. box if mall is not delivered to street address	S) Room/suite	E	Telephone	number		
Z	Initial n	sturn See P.O.BOX 7939			512)	471-3080		
	Termin	ated Instruc- City of Bown, State of Country, and ZD+ + 4						
	Amend	ed return dons. AUSTIN, TX 78713-7939		G	Gross receip	ts \$		
	Applicati	on pending F Name and address of principal officer:		H(fa) is this a co	aun retura for s	Yes ZNo		
	H(b) Are all affiliates included? 1 Yes No							
1	Tex-ex	cempt status: ☑ 501(c) () < (Insert no.) ☐ 4947(a)(1) or ☐ 527				(see instructions)		
J	J Website: ► WWW.CACHE.ORG Htd Group examption number ► N/A							
K	Form o	forganization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation	1971 M	State of leg	al domicile: TX		
Р	art I	Summary						
	1	Briefly describe the organization's mission or most significant act	hatiae-					
	1	ORGANIZING EDUCATIONAL CONFERENCES AND PROVIDE	DEVELOPED E	NGINEERIN	G SOFTY	VARES TO		
& Governance		STUDENTS/UNIVERSITIES WORLDWIDE.						
ĕ	1							
Ş	2	Check this box ▶ ☐ If the organization discontinued its operations or disposed	of most than DESK of	f ite not accord		********		
ĕ	3	Number of voting members of the governing body (Part VI, line 1:		1 473 LIGH 022010"	3	28		
9	4	Number of independent voting members of the governing body (Part VI, like II)			4	28		
Activities	5	Total number of employees (Part V, line 2a)	art vi, ine ib)		5	0		
3	6	Total number of volunteers (estimate if necessary)			6	40		
•	1 -	Total manual control by the second of the se		• • • •	78	0		
ì	l 'a	Total gross unrelated business revenue from Part VIII, column (C), Net unrelated business taxable income from Form 990-T, line 34.	ine 12		7b			
_	 ~	1400 CHICAGO DESCISSO CONTROL HONNIE HONNIE CHILI 890-1, INTE 54.		Prior Year	179	Current Year		
		Oneth Strategy and specific March 1801 For 413	⊢		051	261,321		
9	B	Contributions and grants (Part VIII, line 1h)			951			
Revenue	13	Program service revenue (Part VIII, line 2g)	· · · · -		5101	194,167		
2	10	Investment income (Part VIII, column-(A), lines 8, 4, and 7d)	<i>₄:</i> , · · · ⊢		,951	23,931		
	11 12	Other revenue (Part VIII, courtin (A) Times 5, 60, 8c, 9c, 10c, and Total revenue—add lines 8 through 11 (must equal Part VIII), column (116)		992	12,265		
	1	100	y, me (2)		,094	491,684		
	13	Grants and similar amounts paid (Part IX, column (A)Clines 1-3).		125	488	253,449		
	14	Benefits paid to or formembers (Part IX, column (A) (Ine 4)			0	0		
Expenses	15	Salaries, other compensation, employee benefits (Part-IX, column (A), (ines 5-10)	33	,868	28,574		
å		Professional fundralsing fees (Part IX, column (A)) The 11e		100000	0	0		
何	Ь	Total fundraising expenses (Part X, column (D), line 25).	0					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			,829	223,628		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A),	line 25)		,705	505,651		
-	19	Revenue less expenses. Subtract line 18 from line 12			,389	-\$13 <u>,967</u>		
TO SE	ł		Bo	ginning of Curre		End of Year		
Assests Balanc	20	Total assets (Part X, line 16)		422	,463	408,496		
Fund	21	Total liabilities (Part X, line 26)			- 0	0		
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	422	,463	408,496		
Pe	ert II							
		Under penalties of perjury, I declare that I have examined this return, including account belief, it is true, correct, and complete. Declaration of preparer (other than off	ompanying schedule loed is hased on all	s and statement Information of v	s, and to th which preced	e best of my knowledge er has any knowledge.		
		7761	,		2.2			
Sig				191	0011			
He	re	Signature of office Fred Direct	to-	Date				
			(40)		<u></u>			
		Type or print name and title	100					
	Preparer's Check II Preparer's Identifying number (see Instructions)							
Paid Signature / / / / / / / / / / / / / / / / / / /								
Pres	parer's		/ / 1		452	2-35-8216		
	Only	I HITT'S TRITTE (OF VOLITS MZ - BLIA 11PA V/ALPITE)		EN D				
			78729	Phone no. >	(512)	331-6306		
Ma	y the	IRS discuss this return with the preparer shown above? (see instr	uctions)			✓ Yes No		
For	Privac	ry Act and Paperwork Reduction Act Notice, see the separate instruc	tions.	Cat. No. 11282	Y	Form 990 (2009)		

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: ORGANIZING EDUCATIONAL CONFERENCES INCLUDING, FOCAPD 2009, FOMMS 2009 AND FOSBE 2009. PROVIDE DEVELOPED ENGINEERING SOFTWARED TO STUDENTS/UNIVERSITIES WORLDWIDE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ncluding grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ncluding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d 	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4.	Total program conting expanses

rar	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		,
7	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	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		v
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		,
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		,
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		~
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		V
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		~
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	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," complete Schedule J	23		٧
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 complete Schedule K. If "No," go to line 25	24a		٧
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		V
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			_
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		~
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		~
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	,	<u> </u>

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	/	
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		V
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		~
ь	organization solicit any contributions that were not tax deductible?			
	gifts were not tax deductible?	6b		
7	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	7a		,
_	and services provided to the payor?	7b		Ť
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			١,
	organization, have excess business holdings at any time during the year?	8	-	-
9	Sponsoring organizations maintaining donor advised funds.	0-		.,
а	Did the organization make any taxable distributions under section 4966?	9a 9b	 	7
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter:		ł	
8	Initiation fees and capital contributions included on Part VIII, line 12	1	1	
11	Section 501(c)(12) organizations. Enter:	1		
11 a	112			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body								
b	Enter the number of voting members that are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?	2		~					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		1					
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?									
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?	6		~					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_							
	of the governing body?	7a		1					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		~					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			İ					
	the year by the following:	0-							
	The governing body?	8a	1	ļ					
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b							
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		,					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internation								
	enue Code.)	,,,,,,,							
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a	~						
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,								
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	~						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the								
	form?	11	~						
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	~						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give								
	rise to conflicts?	12b	~	<u> </u>					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		_	ŀ					
	describe in Schedule O how this is done	12c							
13	Does the organization have a written whistleblower policy?	13	~	ļ. <u> </u>					
14	Does the organization have a written document retention and destruction policy?	14		~					
15	Did the process for determining compensation of the following persons include a review and approval by			İ					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-							
a	The organization's CEO, Executive Director, or top management official	15a 15b	7	-					
b	Other officers or key employees of the organization	IOD	_						
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)								
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		1					
	with a taxable entity during the year?	,00							
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard								
	the organization's exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ OGDEN, UTAH								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	c)(3)s	onlv)						
-	available for public inspection. Indicate how you make these available. Check all that apply.	,\-, - ,-							
	☐ Own website ☐ Another's website ☑ Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of into	erest						
	policy, and financial statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the						
	organization: ▶ JANET ELLIOTT								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co		any (Juir			uer, a	ii eC			/ (7)
(A)	(B)	L.	(C) Position (check all that apply)					(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
THOMAS F. EDGAR, EXECUTIVE OFFICER				,				\$4,500	0	0
FRANCIS J. DOYLE III, PRESIDENT				v			_	\$2,000	0	0
DAVID KOFKE, VICE PRESIDENT				"				\$750	0	0
GAVIN TOWLER, SECRETARY				~				\$750	0	0

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(A) (B) (C) (D) (E)									(F)		
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	con f on ar	stimate mount of other appensate from the ganizate and relate panizate	of tion e tion ed
				Ľ			nt ed.				-		
										_			
									-				
													-
												<u>.</u>	
				_									
						_		_					
										_			
1b	Total		· · · ·	<u>. </u>	•			<u> </u>	\$8,000	(0
2	Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	above) W	no received mo	ore than \$100,0	000 in		
	·	•										Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	ompensated	3		>
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4		v
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes." com	com _i	cen: S <i>ch</i>	satio edu	on 1 ele J	from I for s	any ach	unrelated org	anization for	5		~
Sec	ction B. Independent Contractors	·											
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	ent d	contra	acto	rs that receive	d more than \$	00,00	0 of	
	(A) Name and business add	iress							(B) Description of s	ervices	Compe	C) ensation	1
N/A		-						N/	A				N/A
								\vdash	· · · · · · · · · · · · · · · · · · ·				
								1_	· -				
2	Total number of independent contractors (i					l to	those	list	ed above) who	received			

	90 (20						<u></u>	Page 9
Part	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
3 E	1a	Federated campaigns	1a	0				-
2 2	þ	Membership dues	1b	\$24,265				
Contributions, gifts, grants and other similar amounts	C	Fundraising events	1c	0				
2 5	d	Related organizations	1d	0				
ĒË	е	Government grants (contributions).	1e	\$237,056				
ě	f	All other contributions, gifts, grants,						
7		and similar amounts not included above	1f	\$6,000	1			
		Noncash contributions included in lines 1a- Total. Add lines 1a-1f		\$0,000	\$261,321			
	- 11	Total. Add lines 1a-1f		Business Code	\$201,321			
5	•	INDUSTRIAL SUPPORT		900099	\$1,500	\$1,500	0	o
eve	2a		••••	300033	\$1,500	\$1,500		
Program Service Revenue	b	CONF. REGIST./SUPPORT		900099	\$191,217	\$191,217	0	0
Ž	C			300033	V101,211	V101,211	· ·	
ב ב	d	WEB DESIGN & AD REVENUE	• • • • •	541511	\$1,450	\$1,450	0	0
園	f	All other program service revenu	 е .			7.,	<u>_</u>	
2		Total. Add lines 2a-2f		•	194,167		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including div	idend	s interest and				
	•	other similar amounts)			\$23,931	\$23,931	0	0
	4	Income from investment of tax-exem			0	0	0	0
	5	Royalties	· 	▶	0	0	0	0
		(i) Real		(ii) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						
		Rental income or (loss)		l	<u> </u>			
	d	Net rental income or (loss)		▶	0	0	0	0
	7a	Gross amount from sales of (i) Securit	ies	(ii) Other				
		assets other than inventory						
	þ	Less: cost or other basis				İ		
		and sales expenses .						
	d	Gain or (loss)			اه	o	0	0
	u	• • •			- 1			
Neune	8a	Gross income from fundrais						
ē		events (not including \$			1			
9		See Part IV, line 18	. а		İ			
a	h	Less: direct expenses	_		ŀ			
		Net income or (loss) from fundra		events ►	0	o	0	O
	Qa	Gross income from gaming activiti	ioe					
	Ja	See Part IV, line 19						
	ь	Less: direct expenses						
ļ		Net income or (loss) from gaming		ities ►	. 0	0	0	0
	10a	Gross sales of inventory, le	ess					
		returns and allowances				- 1]
		Less: cost of goods sold	-					
	С	Net income or (loss) from sales of	invent	 	<\$4,880>	< \$4,880>	0	0
		Miscellaneous Revenue		Business Code			_	
	11a	LICENSE RENEWAL FEES		900099	\$17,145	\$17,145	0	0
	þ							
	C							
		All other revenue		L	47.445		0	
				· · · · }	17,145	220, 262	0	
	14_	Total revenue. See instructions.	•		491,684	230,363	<u> </u>	Eorm 990 (2009

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do 7b	All other organizations must complete colunot 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) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	\$253,449	\$253,449		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	\$8,000	0	\$8,000	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	0	0	0	0
_	persons described in section 4958(c)(3)(B)	20,574	2,250	18,324	0
7	Other salaries and wages		_,	,,,,,,	
8	Pension plan contributions (include section 401(k)	o	0	o	0
9	and section 403(b) employer contributions)	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
''a	Management	\$7,800	\$7,800	0	0
b	Legal	0	0	0	0
	Accounting	\$8,925	\$1,240	\$7,685	0
	Lobbying	0	0	0	0
	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	\$6,170	0	\$6,170	0
14	Information technology	0	0	0	<u> </u>
15	Royalties	\$5,997	\$5,997	0	
16	Occupancy	0	0	0	0
17	Travel	\$71,157	\$45,076	\$26,081	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	\$117,767	\$117,767	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization.	0	0	0	0
23	Insurance	1,523	0	1,523	0
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а					
b	Honorarium, awards, plaques	3,969	1,000	2,969	
C					
d					
е					
25	All other expenses Total functional expenses. Add lines 1 through 24f	505,651	\$434,899	\$70,752	0
26	Joint costs. Check here ▶ ☐ rf following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	0	0	0	0

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	\$10,000	1	64,850
	2	Savings and temporary cash investments		2	177,071
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	<u> </u>
	6	Receivables from other disqualified persons (as defined under section		İ	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	0	6	0
ध	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use		8	0
Ą	9	Prepaid expenses and deferred charges	4,883	9	6,035
	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D			
	ь	106	0	10c	0
	11	Investments—publicly traded securities	\$137,340	11	160,540
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	\$422,463	16	408,496
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0		0
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key			
api		employees, highest compensated employees, and disqualified			
=		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	_	0
	25	Other liabilities. Complete Part X of Schedule D	0	ì	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	0	27	0
Ba	28	Temporarily restricted net assets	0	28	0
ᆽ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds	\$422,463	32	408,496
<u>e</u> t	33	Total net assets or fund balances	\$422,463		408,496
Z	34	Total liabilities and net assets/fund balances	\$422,463		408,496
_					Form 990 (2009)

Page	12	

Part XI Financial Statements and Reporting					
			Yes	No	
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🗀 Other		i .		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			_	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
b	b Were the organization's financial statements audited by an independent accountant?				
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
issued on a consolidated basis, separate basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	3a			
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.	3b		~	

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Name of the organization

Internal Revenue Service **Employer identification number CACHE CORPORATION** 7331829 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/8 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d ☐ Type III-Other a 🗌 Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting П Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of organization (vi) Is the (vii) Amount of (iv) is the organization (i) Name of supported (ii) EIN (v) Did you notify organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col SUDDORF governing document? col (i) of your (i) organized in the above or IRC section (see instructions)) US? support? Yes Yes Yes No N/A N/A

Total

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support					·	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	81,660	297,061	128,649	192,951	238,782	939,103
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	81,660	297,061	128,649	192,951	238,782	939,103
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						939,103
Sec	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	81,660	297,061	128,649	192,951	238,782	939,103
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,109	1,771	1,471	4,529	731	11,611
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						950,714
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> '. </u>	d, third, fourth			
	tion C. Computation of Public Su						99 %
14	Public support percentage for 2009 (line		-			14	
15	Public support percentage from 2008 Sch					15	
16a	33% % support test-2009. If the organization						
	and stop here. The organization qualifies						
b	33% % support test—2008. If the organiz						
	box and stop here. The organization qua						
17a	10%-facts-and-circumstances test – 20	•				•	
	more, and if the organization meets the "facts-and-circum						
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta" Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, c organization qua	heck this box a difies as a public	and stop here. By supported on	Explain in Part ganization	N how the

	dule A (Form 990 or 990-EZ) 2009							Page 3
Pa	Support Schedule for Orga (Complete only if you checke				1)(2)			
Sec	tion A. Public Support							
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e	2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.					ļ		
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	ļ				-		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					-		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							N/A
	tion B. Total Support							
Cá	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)					_		N/A
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth				
	tion C. Computation of Public Su					1		
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	ne 13, column		15 16		<u>%</u>
	tion D. Computation of Investmer					T		
17 18	Investment income percentage from 2008 Schedule A, Part III, line 17				<u>%</u> %			
19a b	17 is not more than 331/3 %, check this b	ox and stop h e	ere. The organ	zation qualifies	as a publicly	suppo	rted orga	anization 🕨 🛘
D	b 33% % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33% %, and line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □							

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

COLICCION Y (I	() OITH 990 OF 990-EZJ 2009	rage 🖜
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See inst	II, line 10;
N/A		
	··	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Employer identification number

Department of the Treasury internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

CACHE CORPORATION	23	7331829
Part VI, section B. Policies:		
Answer to 12C - Executive committee does the monitoring.		
Allswer to 120 - Exceeding commission does the monitoring.		
Part VI, Section C. Disclosure:		
Answer to #19 - The information is provided upon request of the Cache office by way of p	assword	protected site.
Part III, #4, the exempt purpose:		
1. software dissemination- make educational software available at low cost to engineering	g depts.	
2. conferences- hold research conferences for resarchers to exchange ideas on topics of	f current	interest in computing.
3. education modules and case studies- to be used in university teaching.		

Scriedule O (Form 990) 2009	Page Z
Name of the organization	Employer identification number
	<u> </u>
	·····
	•••••
	••••
	•••••
	•
······································	
	••••