efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492297003280 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ► Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 **B** Check if applicable: D Employer identification number C Name of organization NET Foundation ☐ Address change 47-2119192 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return One Microsoft Way ☐ Final return/terminated (425) 705-1008 City or town, state or province, country, and ZIP or foreign postal code ☑ Amended return Redmond, WA 98052 F Group Exemption ☐ Application pending Number Check ► ☐ if the organization is **not** G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ▶dotnetfoundation.org **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I \checkmark 1 38,582 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 4 5a Gross amount from sale of assets other than inventory h Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 0 Less: direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 0 b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 215 38,797 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 10 Grants and similar amounts paid (list in Schedule O) 10 1,653 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12

13 33,494 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 68,221 17 17 Total expenses. Add lines 10 through 16 103,368 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -64,571 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 148,071 20 Other changes in net assets or fund balances (explain in Schedule O) 20 83,500 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form 990-EZ (2018)

orm 990-EZ	(2018)					Page 2
Part II	Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to any o				
			(A) I	Beginning of year		(B) End of year
	vings, and investments			148,071		69,578
	buildings				23	12.022
	sets (describe in Schedule O)			110.071	24	13,922
	sets			148,071		83,500
	bilities (describe in Schedule O)			140.071	26	03.500
27 Net asse	ets or fund balances (line 27 of column			148,071	27 	83,500
Part III	Statement of Program Service A Check if the organization used Schedule	-			(Re	Expenses quired for section 501(c)
The .NET Fou oftware ven	organization's primary exempt purpose? Indation promotes the interests of the .N dors and platform providers.	ET programming comm	munity, including devel	opers, independent	(3) orga	and 501(c)(4) anizations; optional for ers.)
measured by	organization's program service accompli expenses. In a clear and concise manne nd other relevant information for each pro	er, describe the service	es provided, the numbe	r of persons		
	al Data Table					
Grants \$)	If this amoun	t includes foreign gran	nts, check here	. ▶ □	28a	
29	I this direction	t melades for eight gran	its, check here i i	. , .	29a	
Grants \$)	If this amoun	t includes foreign gran	nts, check here	. ▶ □		
	II this amoun	- Includes foreign gran	its, check here	. , .		
30					30a	
(Grants \$)	If this amoun	t includes foreign gran	its, check here	. ▶ ⊔		
31 Other pro	gram services (describe in Schedule O)					
(Grants \$)	If this amoun	t includes foreign gran	nts, check here	. ▶ 🗆	31a	
	ogram service expenses (add lines 28a					
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule					
	Check if the organization used Schedule	to to respond to any c	question in this rait IV.		• •	· · · · ·
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health ben contributions to er benefit plans, deferred comper	nploye and	(e) Estimated amount of other compensation
See Addition	al Data Table		enter -u-j			

	· ,				
Pa	Other Information (Note the Schedule A and personal benefit contract statement requ				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.				
			4	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	,		No
34		<u> </u>	+		NO
J	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change			,	
	on Schedule O (see instructions)	34	•	Yes	
35a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35	اد		No
h	b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sche		-		No
	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$	uaic 6	+		-110
	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35	c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets dur the year? If "Yes," complete applicable parts of Schedule N	- 1	.		N.
37-	a Enter amount of political expenditures, direct or indirect, as described in the instructions.	36	<u>'</u>		No
	b Did the organization file Form 1120-POL for this year?	37			No
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or well		+		NO
JUa	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38	a		No
b	b If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	33	_		
39					
	a Initiation fees and capital contributions included on line 9	0			
b	b Gross receipts, included on line 9, for public use of club facilities	0			
40a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 ▶; section 4912 ▶; section 4955 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year tha has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40	ь		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization		\dagger		
d	managers or disqualified persons during the year under sections4912, 4955, and 4958 Section 501(c)(2), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed.				
a	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40	е		No
41	transaction? If "Yes," complete Form 8886-T				
42a					
The	he organization's books are in care of ▶ Miklos Barkoczi Telep	ohone no. ▶ <u>(42</u>	5) 7	05-1008	8
	Located at ▶ One Microsoft Way Redmond , WA	IP + 4 ▶ <u>980</u>	52		
			г		
L			+	Yes	No
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?		b		No
	If "Yes," enter the name of the foreign country: ▶	_	\top		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and F	inancial			
c	Accounts (FBAR) C At any time during the calendar year, did the organization maintain an office outside the U.S.?	42			No
_	If "Yes," enter the name of the foreign country: ▶				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		ı	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year	43			
				Yes	No
44a	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed of Form 990-EZ		a		No
b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be compinisted of Form 990-EZ	leted 44	ь		No
С	Did the organization receive any payments for indoor tanning services during the year?	44	.с		No
d	d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44			No
45-	explanation in Schedule O a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· · · ⊢	+		No No
	b Did the organization have a controlled entity within the meaning of section 312(b)(13): b Did the organization receive any payment from or engage in any transaction with a controlled entity within the	<u> </u>	+		140
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45	b		No
		1	- 1	'	

	e organization engage, directly or indirectlates for public office? If "Yes," complete			of or in opposition to	46		N
art VI	Section 501(c)(3) organization				46		No
	All section 501(c)(3) organizations		ons 47- 49b and 52	, and complete the tab	oles for li	nes 50	and
	51. Check if the organization used Schedule	O to respond to any q	uestion in this Part VI			[
						Yes	No
	e organization engage in lobbying activit s," complete Schedule C, Part II	es or have a section 50	01(h) election in effect	during the tax year?	47		
Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	48		
a Did the	e organization make any transfers to an	exempt non-charitable	related organization?		49a		
b If "Yes	s," was the related organization a section	527 organization? .			49b		
Compl	ete this table for the organization's five l	nighest compensated e	mployees (other than o	officers, directors, trustee	s and key	employ	ees)
	ach received more than \$100,000 of com Name and title of each employee	pensation from the org	ganization. If there is n	one, enter "None." (d) Health benefits,	(a) Ec	timated	amou
(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employed benefit plans, and deferred compensation	ee of othe		
NE							
					+		
Compl	I number of other employees paid over \$ ete this table for the organization's five I ensation from the organization. If there is (a) Name and business address of e	nighest compensated in s none, enter "None."	·		than \$10	<i>'</i>	
Compl compe	ete this table for the organization's five lensation from the organization. If there is	nighest compensated in s none, enter "None."	·			<i>'</i>	
Compl compe	ete this table for the organization's five lensation from the organization. If there is	nighest compensated in s none, enter "None."	·			<i>'</i>	
Compl compe	ete this table for the organization's five lensation from the organization. If there is	nighest compensated in s none, enter "None."	·			<i>'</i>	
Compl compe	ete this table for the organization's five lensation from the organization. If there is	nighest compensated in s none, enter "None."	·			<i>'</i>	
Compl compe	ete this table for the organization's five lensation from the organization. If there is	nighest compensated in s none, enter "None." ach independent contra	actor	(b) Type of service (<i>'</i>	
Comple compe	ete this table for the organization's five lensation from the organization. If there is (a) Name and business address of e	rs each receiving over s	\$100,000	(b) Type of service (ensation	
Complication Competed and Competed Comp	ete this table for the organization's five lensation from the organization. If there is (a) Name and business address of each of the lensation of the independent contractors the organization complete Schedule A? In the lensation of the pleted Schedule A	rs each receiving over some this return, including the section 501(continued this return, including the section in the section 501(continued this return, including the section in the sec	\$100,000	(b) Type of service (C) Compe	s \(\bar{\text{N}} \)	do my
Complication Competed and Competed Comp	ete this table for the organization's five lensation from the organization. If there is (a) Name and business address of each of the organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A	rs each receiving over some this return, including the section 501(continued this return, including the section in the section 501(continued this return, including the section in the sec	\$100,000	(b) Type of service (C) Compe	s \(\bar{\text{N}} \)	do my
Complication Competed Total Competer Penalt Wiedge along any known	ete this table for the organization's five ensation from the organization. If there is (a) Name and business address of each of the organization complete Schedule A? Inpleted Schedule A	rs each receiving over some this return, including the section 501(continued this return, including the section in the section 501(continued this return, including the section in the sec	\$100,000	(b) Type of service (C) Compe	s \(\bar{\text{N}} \)	do my
Complication Competed Total Competer Penalt Wiedge along any known	ete this table for the organization's five lensation from the organization. If there is (a) Name and business address of each of the organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A	rs each receiving over some this return, including the section 501(continued this return, including the section in the section 501(continued this return, including the section in the sec	\$100,000	(b) Type of service (C) Compe	s \(\bar{\text{N}} \)	do my
Comple compe	I number of other independent contracto the organization complete Schedule A? Interest of perjury, I declare that I have example of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury, I declare that I have example the schedule A: Lies of perjury have the schedule A: Lies of pe	rs each receiving over some this return, including the section 501(continued this return, including the section in the section 501(continued this return, including the section in the sec	\$100,000	(b) Type of service (st attach a dedules and statements, a is based on all information 2020-10-23 Date Check if PTIN PO20	Yend to the	s \(\bar{\text{N}} \)	do my
Comple compering the compering	ete this table for the organization's five ensation from the organization. If there is (a) Name and business address of each of the organization completed schedule A? I spleted Schedule A	rs each receiving over states that section 501(control of the control of the cont	\$100,000	st attach a	Yend to the in of which	s \(\bar{\text{N}} \)	
Comple compered to the compere	I number of other independent contracto the organization complete Schedule A? I number of other independent contracto the organization complete Schedule A? I number of pleted Schedule A	rs each receiving over states and the second receiving over states. All section 501(continued this return, include. Declaration of preparation of preparations and preparation of preparations are preparations and preparations and preparations are preparations and preparations and preparations are preparations are preparations.	\$100,000	(b) Type of service (st attach a cedules and statements, a is based on all information 2020-10-23 Date Check if self-employed	Yend to the property of the pr	s \(\bar{\text{N}} \)	
Complicompe NE d Total Did com	ansation from the organization. If there is the constant of the organization. If there is the constant of the organization and business address of each of the organization complete. Schedule A? Inpleted Schedule A	rs each receiving over states to be considered in the control of t	\$100,000	(b) Type of service (st attach a edules and statements, a is based on all information 2020-10-23 Date Check ☐ if Self-employed Firm's EIN ▶ 82-510	Yend to the property of the pr	s \(\bar{\text{N}} \)	

Form 990-EZ (2018)

Page 4

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 47-2119192

Name: NET Foundation

Form 990EZ, Part III - Statement of Program Service Accomplishments

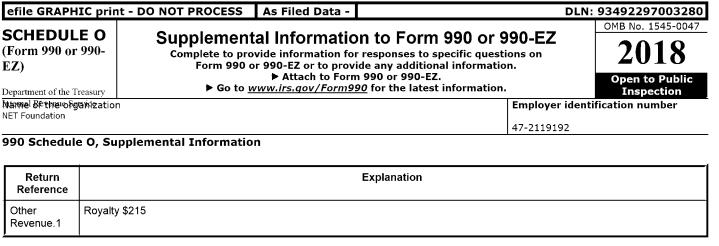
orm 990E2, Part 111 - Statement of Program Service Accomplishments								
Describe the organization's progra services, as measured by expense number of persons benefited, and	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)							
Mentoring: New .NET projects joining source community and access to other project leads to help ensure that the pknowledge on best practices in running Legal: We help projects organize and a common, simple, Contribution License people respect the open source license provide access to advice on legal issue number of technical support services of binary distribution management, form document collaboration facilities and a works with Microsoft and the broader is community and the .NET Foundation. I looks to promote the activities of our cobody, but the .NET Foundation can held donations on behalf of the individual pome limits on what projects can do we funds are spent appropriately. When rework with projects to create ticket sell	owing services in support of the projects assigned to it.Project Guidance and the Foundation get mentorship to help with expertise in running an open developers currently looking after .NET open source projects. We work with project grows into a vibrant and welcoming community and help share go a friendly, collaborative and innovative open source community.IP and manage their IP assignments as well as provide infrastructure for tracking a Agreement across all .NET Foundation projects. We can help in ensuring as and trademarks of projects assigned to the .NET Foundation and we can see affecting projects in the .NET Foundation.Technical Support: We provide a for our projects including Authenticode code-signing of binaries and installers, ms, hosting, shared secret storage, online and phone conferencing as well as access to software.Marketing and Communications: The .NET Foundation industry to increase the exposure of open source projects in the .NET. The .NET Foundation provides access to these resources to projects and communities.Financial Support: The .NET Foundation is not a grant funding the projects accept, invoice and process donations in-kind or earmarked projects. As a US tax-exempt non-profit organization (501(c)(6)), there are with those assets, but the Foundation will work with the project to ensure unning events such as meet-ups and conferences, the Foundation can also ing accounts, arrange contracts with venues etc. Donations typically cover travel expenses to attend conferences/meet-ups, promotional items for the inference/meet-up.	28a						

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and title (b) Average (c) Reportable (d) Health benefits, (e)Estimated hours per week compensation contributions to amount of devoted to (Forms W-2/1099employee benefit other compensation position MISC) plans, and (If not paid, deferred compensation enter -0-) 1.00 Jav Schmelzer President 0 2.00 Martin Woodward Vice President 0 8.00 Miklos Barkoczi Treasurer 0 4.00 Ben Adams Director 0 4.00 Sara Chipps Director 0 4.00 Iris Classon Director 0 1.00 Miguel de Icaza Director 0 4.00 Phil Haack Director 0 1.00 Scott Hunter Executive Dir. 0 12.00 Beth Massi Director 0 3.00 Oren Novotny Director 0 1.00 Rachel Reese Director 0 1.00 Jon Skeet Director 0

0

40.00

Jon Galloway Executive Dir.



990 Schedule O, Supplemental Information Return Explanation Reference

Other Advertising and Promotion \$1413 Expenses.1001

990 Schedule O, Supplemental Information Return Explanation Reference Travel \$283

Other Expenses.1005

990 Schedule O, Supplemental Information Return Explanation Reference

Reference

Other Conferences, Conventions, and Meetings \$214
Expenses.1007

990 Schedule O, Supplemental Information Return Explanation Reference

Other Meetups \$32531
Expenses.1

990 Schedule O, Supplemental Information Return **Explanation** Reference

Reference
Other Online Services/Subscriptions \$30568
Expenses.2

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Expenses.3
Taxes, licenses and fees \$2852

990 Schedule O, Supplemental Information Return Explanation Reference Hosting \$356

Other Expenses.4

990 Schedule O, Supplemental Information Return Explanation Reference Other Other \$4 Expenses.5

Return Explanation

990 Schedule O, Supplemental Information

Reference
Other Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$13922
Assets.1005

Return Explanation

990 Schedule O, Supplemental Information

Documents

Changes to
Organizing or
Governing

One of the board of Discorporation of Di