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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or th	e 2008	3 cale	ndaı	r year, or ta	ax yeaı	r begi	inning				, 200	08, an	nd end	ding	_				, 20	)		
<b>B</b> c	heck if ap	plicable:	Please	C N	ame of organiz	zation C	PEN	SOUF	RCE MA	ATTER	RS,	INC.				D E	Employe	er id	entificati	on num	ber		
	Addre chang		use IRS label or	D	oing Business	As										76-0803008							
	7	change	print or	N	umber and str	reet (or P	O. box	if mail is	not delive	ered to st	reet a	address)		Ro	om/suite	ite E Telephone number							
	Initial	return	type. See	PΩ	BOX 466	58 #	8835	5.4								( ) -							
	Termi	nation	Specific Instruc-		ity or town, sta				4							<b> </b>	/						
	Amen		tions.	NF.	W YORK,	NY 1	0163	3-466	8							G	Gross re	eceip	ts \$		234	,098.	
	return Applic	ation	F Na		and address											H(a)			up return fo	or	Yes	X No	
	pendii	ng				·										H(b)	affiliates		ates include	nd?	Yes	No	
_	Tay-ey	empt sta	atus.	Х	501(c) ( 3	\	insert n	,	4947(a	)(1) or		527				11(2)			ch a list. (se				
<u>:</u>	Websit				OMLA. ORG		mocrem	0.)	+3+1 (u	1)(1) 01		321				H(c)			ption numb		,		
<u>к</u>		of organi		T <sub>7</sub>	Corporation	Tru:	et	Associa	ation	Other				I Yea	r of forma	, ,			·		micile.	NTSZ	
	rt I		nmary	X	Corporation	IIu	St	ASSOCI	allon	Other				Lica	011011114		2005	IVI	Otate of I	cgai ao	minorio.	NY	
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8		OPEN	1 <u>SOL</u>	JRC.	E WEB BA	ASED_	CONI	T.F.W.T.	MANAG	EMEN.	<u>T_S</u>	YSTE	M( J C	OML	<u>A)_,_WH</u> .	LCH_	. <u>15_1</u>	ď.KI	<u>::E:•</u>				
Governance																							
Veri																							
ô		Check		_		U				•					than 25%				1 1				
مخ س	3	Numbe	er of vo	oting	members of	f the gov	vernin	g body (	Part VI, li	ine 1a)									3			4	
Activities	1				endent voting				erning b	ody (Pa	rt VI,	line 1b	)						4			4	
Ę					employees (Pa														5		NO	NE	
Ą	1				olunteers (es														6			20	
	7 a	Total g	gross u	ınrela	ated business	s revenu	e from	Part VI	II, line 12	2, colum	ın (C	)							7a		201	,031.	
	b	Net un	related	d bus	siness taxabl	e incom	e from	Form 9	90-T, line	e 34 🔒									7 b				
		<u> </u>											Pı	rior Ye	ar		Curi	ent Y	ear				
Ф	8											L		22,	<b>,</b> 81	L6.			NONE				
nue	9	Progra	am serv	vice r	ce revenue (Part VIII, line 2g)										126,	, 91	L5.		176	,382.			
Revenue	10	Invest	ment ir	ent income (Part VIII, column (A), lines 3, 4, and 7d) venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)													4.			32.			
Ľ	11	Other	revenu													22	23.		46	,828.			
	12	2 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)												149,					,242.				
																			,000.				
	14	Benefi	ts paid	l to c	or for member	rs (Part l	IX, coli	umn (A)	, line 4)						•							NONE	
s	4 5	Salarie	es, oth	er cc	mpensation,	, employ	ee ber	nefits (P	art IX, co	lumn (A	۱), lin	es 5-10	)					NO	ONE			NONE	
Expenses	16a				Iraising fees (														0112			NONE	
e d	b				expenses, Pa							 										110111	
ũ	17				Part IX, colur												155,	76	56		225	,735.	
	18	Total e	expens	es A	Add lines 13-	.17 (mus	st equa	al Part IX	Column	ı (A) lin	e 25	)			• •		155,					, 735.	
					enses. Subti										• •		-5,					, 493.	
or es		TTOVOIT	uc 1000	J CAL	CHOCO. OUDII	raot iirio	10 110	111 11110 1			• •				•	Regin	ning o			Fnc	l of Ye		
Net Assets or Fund Balances	20	Total a	ecete /	Part	X, line 16)										_		74,					,540.	
Ass Bal	21				art X, line 26)										• •		34,					, 214.	
a t	22				d balances.				ine 20						• •		39,					, 326.	
	rt II		natur			Oubliaci	t iii ic Z	. 1 1101111	1110 20.		• •						39,	, 01	L9.		33	, 320.	
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	ere		Signatu	re of	officer												Date						
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				hillif	name and title	•						Date		1.	Check if			Pre	parer's ide	antifizina	numh	er	
Paic		Prepa signa										Date		:	self-		-		instruction	ns) ์			
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	Only				PIPIZ	A, CO	HEN	& CC	).							EIN		<u> </u>		4021			
		addres	s, and Z	ZIP +	30 WIIO I				FLOOR									<u> </u>		<u>-288</u>			
May	the If	RS disc	cuss th	nis re	turn with the	prepare	er shov	vn above	e? (See ii	nstructi	ons)									$\times$ Y	es l	No	

Pa	rt III	Statement of Program Service Ac	complishments (see instructions)		-
	_	describe the organization's mission:			
	SEE	STATEMENT 1			
2	Did the	organization undertake any signifi	cant program services during the year w	which were not listed on	
	If "Yes"	describe these new services on Sch	edule O.		
3	Did the	e organization cease conducting, or	make significant changes in how it condu	ucts, any program	
	service	s?			Yes X No
		describe these changes on Schedu			
			s for each of the organization's three larges		
			ons and section 4947(a)(1) trusts are requir d revenue, if any, for each program service		or grants and
	anocat	ons to others, the total expenses, an	a revenue, if any, for each program service	reported.	
4a	(Code:	) (Expenses \$ 22	, <sub>072</sub> . including grants of \$	) (Revenue \$	172 902
			T MANAGEMENT SYSTEM WHICH IS		172,302.
		LABLE TO ANYONE.		111111111111111111111111111111111111111	
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(0000.	) (Expenses \$\psi\$		/ (Noverlad	/
40	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
. •	(				/
<u> </u>	Other r	program services. (Describe in Sched	ule O )		
	(Expen	=	-	)	
		program service expenses ► \$	21,072. (Must equal Part IX, Line 2	5, column (B).)	
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	90 (2008) 76-0803008		F	Page <b>3</b>
Part	V Checklist of Required Schedules			
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Cohedula A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			^
•		3		Х
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			21
		4		Х
5	Schedule C, Part II Sections 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		ĺ
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			ĺ
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	l		ĺ
40	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	40		
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		X
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the U.S.?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		Х
b	business, and program service activities outside the U.S.? <i>If</i> "Yes," <i>complete Schedule F, Part I</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	140		X
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
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		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			ĺ
	Schedule J	23		Х
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 questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		Х
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			
<b>ل</b> م	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
d 25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
<b>2</b> 3 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		37
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	238		X
~	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			- 21

disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

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Form **990** (2008)

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### Part IV Checklist of Required Schedules (continued)

			162	NO
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Χ
b		28b		Х
С		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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? <i>If "Yes," complete Schedule R, Part VI</i> .	37		×

### Part 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 NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
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		X
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.	5a		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
C	Prohibited Tax Shelter Transaction?	5 c		
62	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
	required?	, ,,		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	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.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
g	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			I
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent  1b 4			
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		Χ
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		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
_	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
04	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Χ
Sect	on B. Policies		.,	
40-	Does the ergenization have a written conflict of interest notice? If "No " go to line 12	40-	Yes	No
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a		X
D		401		
_	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
С		422		
13		12c		
14	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	13		X
15	Did the process for determining compensation of the following persons include a review and approval by	14		X
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
•	The organization's CEO, Executive Director, or top management official?	450		7.7
a b		15a 15b		X
D	Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)	130		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. 00		16a		v
h	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	. va		X
~	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		
Sect	ion C. Disclosure	100		
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only	· )	
-	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 inte	rest		
•	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 records of the	ne		
	organization: ▶PIPIA COHEN & CO 32 MILL RD WESTHAMPTON BEACH, NY 11978			
	- ,			

# 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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

x Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title			( <b>D</b> ) Reportable	<b>(E)</b> Reportable	( <b>F</b> ) Estimated					
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			((	C)			(D)	(E)			(F)
	Name and title	Average hours per week	Individual trustee P or director	Institutional trustee	Officer	k Key employee	ক Highest compensated ক employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizat (W-2/1099-	ation ated tions	amo comp fro orga and	imated count of ther ensation m the nization related nizations
1b 2	Total	e in 1a) w	/ho r	ece	ived	l m	ore th	<b>▶</b> han	\$100,000 in rep	oortable co	mpens		om the
3	Did the organization list any <b>former</b> office employee on line 1a? <i>If "Yes," complete Schedu</i>											3	Y X
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	es,"	complete Sched	ule J for s	such	4	V
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accr	ue co	omp	ens	atic	n fro	m	any unrelated o	rganization	for	5	X
Sec	ction B. Independent Contractors						<i>j</i>						
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	enc	lent	cont	rac	tors that received	d more tha	an \$10	00,000	of
	(A) Name and business addr	ess							<b>(B)</b> Description of ser	vices	C	(C) Compens	ation
_													
_													
2	Total number of independent contractors (in compensation from the organization ► N	ncluding th	nose	in ′	1) v	vho	rece	ive	d more than \$10	0,000 in			

Form 990 (2008) Page **9** 

ari	VIII	Statement of Revenue			6-0803008		T
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51
ş	1 a	Federated campaigns 1	a				
ilar amounts	b	Membership dues 1	l b				
a	С	Fundraising events 1	c				
ā	d	Related organizations1	d				
Ē	е	Government grants (contributions) 1	le l				
er.s	f	All other contributions, gifts, grants,					
ŧ		and similar amounts not included above . 1	lf				
and other simi	g	Noncash contributions included in lines 1a-1f:	\$				
	h	Total. Add lines 1a-1f		NONE			
Program Service Revenue			Business Code				
	2a	PUBLISHING ROYALTIES	511130	7,149.	7,149.		
ט	b	ADVERTISING INCOME	541800	169,233.		169,233.	
2	С						
90	d						
E	е						
9	f	All other program service revenue					
٤	g	Total. Add lines 2a-2f	<u> ▶</u>	176,382.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	STMT 2 ▶	32.		32.	
	4	Income from investment of tax-exempt b	ond proceeds	NONE			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	<u> </u>	NONE			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u> </u>	NONE			
	7a	Gross amount from sales of (i) Securit	ies (ii) Other				
	ı a	assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)		NONE			
		Gross income from fundraising					
<u>a</u>		events (not including \$					
		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18	. a				
- E	b	Less: direct expenses					
5	c	Net income or (loss) from fundraising eve		NONE			
	9a						
	Ju	See Part IV, line 19.	a				
	b	Less: direct expenses					
		Net income or (loss) from gaming activitie		NONE			
.	10a	Gross sales of inventory, less					
	IVa	returns and allowances	25, 918.				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventor		15,062.			
		Miscellaneous Revenue	Business Code	15,002.			
	11a	OTHER INCOME	541800	31,766.		31,766.	
				51,700.		51,700.	
	b						
	C	All other revenue					
- 1	d	All other revenue		31,766.			
				.21, /00,			
	e 12	Total. Add lines 11a-11d	-	3=7:333			

#### Part IX Statement of Functional Expenses

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

_	All other organizations must complet	e column (A) but are	not required to com	plete columns (B), (C),	and (D).
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,000.	2,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions).	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (non-employees):				
	Management	NONE			
	Legal	99,323.		99,323.	
	Accounting	9,500.		9,500.	
	Lobbying	NONE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	1,759.		1,759.	
14	Information technology.	NONE		1,755.	
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	NONE			
18	Payments of travel or entertainment expenses	NONE			
10	for any federal, state, or local public officials	NONE			
10	Conferences, conventions, and meetings				
19 20		NONE			
20	Interest	NONE NONE			
21 22	Payments to affiliates  Depreciation, depletion, and amortization	2,820.		2,820.	
23		1,100.		1,100.	
23 24	Insurance STMT 4 Other expenses Itemize expenses not	1,100.		1,100.	
4	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.)				
_	UBTI_TAXESFED_&_NYS	23 247		23,247.	
	BANK_SERVICE_CHARGES	23, 247.		'	
	TRAVEL_\$_CONFERENCES	1,311. 67,603.		1,311. 67,603.	
			2 701	0/,003.	
	PROMOTIONAL MATERIAL	3,701.	3,701.		
	HOSTING_EXPENSE	15,371.	15,371.		
	All other expenses	007 705	01 050	006 660	
	Total functional expenses. Add lines 1 through 24f	227,735.	21,072.	206,663.	
26	Joint Costs. Check here ► If following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
JSA	solicitation				- 000 <sub>(00)</sub>

JSA 8E1052 1.000

Pa	rt X	Balance Sheet	0 0003000			
			(A) Beginning of year		End	( <b>B)</b> of year
	1	Cash - non-interest-bearing	56,424.	1		30,160.
	2	Savings and temporary cash investments	3,002.	2		3,002.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key				
		employees, or other related parties. Complete Part II of Schedule L	2,250.	5		516.
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II				
		of Schedule L		6		
Assets	7	Notes and loans receivable, net		7		
SS	8	Inventories for sales or use	5,201.	8		6,446.
٩	9	Prepaid expenses and deferred charges		9		
	1	Land, buildings, and equipment: cost basis 10a 7, 422.				
	b	Less: accumulated depreciation. Complete		40.		
		Part VI of Schedule D	7,236.			4,416.
	11	Investments - publicly traded securities		11		
	12 13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	74,113.			44,540.
_	17	Accounts payable and accrued expenses	34, 294.			9,214.
	18	Grants payable	<u> </u>	18		<u> </u>
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
ý	21	Escrow account liability. Complete Part IV of Schedule D		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,				
ig		highest compensated employees, and disqualified persons. Complete Part II				
Ë		of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	34,294.	26		9,214.
ses		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets	39,819.	27		35,326.
Bal	28	Temporarily restricted net assets		28		
p	29	Permanently restricted net assets		29		
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
¥	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net	33	Total net assets or fund balances	39,819.	33		35 <b>,</b> 326.
	34	Total liabilities and net assets/fund balances	74,113.	34		44,540.
Pa	ırt XI	Financial Statements and Reporting				T., .
1	Acco	unting method used to prepare the Form 990: Cash X Accrual Other	er			Yes No
2a		e the organization's financial statements compiled or reviewed by an independent accoun				X
b		e the organization's financial statements audited by an independent accountant?			2b	X
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility				
_		, review, or compilation of its financial statements and selection of an independent accou			· · 2c	
3a		result of a federal award, was the organization required to undergo an audit or audits as s				
ı.		Single Audit Act and OMB Circular A-133?			3a	X
_ D	II "YE	es," did the organization undergo the required audit or audits?			3b	

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

2008

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Open to Public Inspection

OMB No. 1545-0047

OPEN		TTERS, INC.							76-08	03008			
Part	Reason fo	or Public Chari	ty Status (All organ	izations m	ust compl	ete this	part.) (se	e instruc	ctions)				
The or	ganization is no	ot a private found	dation because it is: (Pl	ease check	only one o	rganizati	on.)						
1	A church, c	onvention of chu	rches, or association of	of churches	described	in <b>sectio</b>	n 170(b)(	1)(A)(i).					
2	A school de	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)								
3	A hospital o	or a cooperative	hospital service organ	ization desc	cribed in <b>se</b>	ction 170	(b)(1)(A)	(iii). (Atta	ch Schedi	ule H.)			
4	A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the			
	hospital's na	ame, city, and sta	ate:										
5	An organiza	ation operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated b	by a gove	ernmental	unit described in			
	section 170	(b)(1)(A)(iv). (Co	omplete Part II.)	_	-			-					
6	_		vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(	A)(v).					
7			lly receives a substan						or from t	he general public			
	_		(1)(A)(vi). (Complete F	-		•							
8			d in section 170(b)(1)(		mplete Par	t II.)							
9		=	lly receives: (1) more		-	-	m contrib	utions. m	nembersh	ip fees. and gross			
٠ ـ			ted to its exempt fun										
	-		ment income and un		-		-						
		-	after June 30, 1975.						·				
10	_ ' '	•	ind operated exclusive					•	(see instr	uctions)			
11	_	_	and operated exclusi	-		-			-				
· · _	_	_	ublicly supported orga	•						-			
		•						•	•	, , ,			
	<b>509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h. <b>a</b> Type I <b>b</b> Type II <b>c</b> Type III - Functionally Integrated <b>d</b> Type III - Other												
е	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).												
f													
•	•	n, check this box				at 10 00 00	. , , ,	. , , , , , , , ,	, , ,				
g	_		the organization acce	nted any d	ift or contri	hution fro	m any of	the					
9	following pe		the organization acco	prod dilly g	01 0011111		in any or						
	= :		or indirectly controls	either ald	one or tog	ether wit	h nerson	s describ	ned in (ii)	Yes No			
		-	erning body of the sup		_	011101 1111	po.co	0 4000116	)	11g(i) X			
		_	erson described in (i) a	_						11g(ii) X			
			of a person described							11g(iii) X			
h		_	ation about the organi			on sunno	rts			1 3(···/			
	me of supported	(ii) EIN	(iii) Type of organization				ou notify	(vi) I	s the	(vii) Amount of			
	rganization	(11) = 111	(described on lines 1-9	in col. (i) lis	sted in your		nization in	organizat	tion in col.	support			
			above or IRC section (see instructions))	governing	document?		of your port?	(i) organi U.	zed in the				
			(See manuchons)	Yes	No	Yes	No	Yes	No				
						100		100					
Total													

Schedule A (Form 990 or 990-EZ) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Pai	Support Schedule for Or (Complete only if you che	<b>ganizations [</b> cked the box (	<b>Described in S</b> on line 5, 7, or	Sections 170(b 8 of Part I.)	o)(1)(A)(iv) and	170(b)(1)(A)(v	<b>'i)</b>
Sec	tion A. Public Support				_		
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
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.						
$\overline{}$	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	(See instructions.)				12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here						<u></u>
	tion C. Computation of Public Sup	•				1	
	Public support percentage for 2008 (						%
	Public support percentage from 2007						%
16a	33 1/3% support test - 2008. If the	_					
	and <b>stop here.</b> The organization quali						
b	33 1/3% support test - 2007. If the						
47-	box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - is 10% or more, and if the organization in Part IV how the organization meets organization	on meets the "fa the "facts and	act-and-circumst circumstances"	ances" test, che test. The orgar	ck this box and <b>s</b> nization qualifies	<b>top here</b> . Expla as a publicly sup	in ported
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the organiz Explain in Part IV how the organzation	2007. If the org ation meets the n meets the "fa	anization did no e "facts and circo cts-and-circums	t check a box oumstances" test, tances"" test. The	n line 13, 16a, on the check this box and the organization of	16b, or 17a, and and <b>stop here.</b> <sub>l</sub> ualifies as a pub	d line
18	supported organization						

Schedule A (Form 990 or 990-EZ) 2008

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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 1-5						
7 a	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 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	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.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here -						▶ □
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2008 (line 8,					15	%
16	Public support percentage from 2007 Scheo					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2008 (line					17	%
18	Investment income percentage from 2007 S					18	%
19a	33 1/3% support tests - 2008. If the orga						
	17 is not more than 33 1/3 %, check this box	and stop here.	The organization	qualifies as a publi	icly supported or	ganization	▶ 🔲
b	33 1/3% support tests - 2007. If the organ						
	line 18 is not more than 33 $1/3$ %, check this						· · · · · —
20	Private foundation. If the organization did no	ot check a box o	on line 14, 19a, o	r 19b, check this b	oox and see instru	ctions	▶ 🔼

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	o. a o. ga	
OPE	N SOURCE MATTERS, INC.	76-0803008
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered "Yes" to Form 990, Part IV, line 6.	accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	or advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds i	
Ū	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	may be
	impermissible private henefit?	Yes No
Pa	impermissible private benefit?  Conservation Easements. Complete if the organization answered "Yes" to Fore	m 990 Part IV line 7
1 a	Purpose(s) of conservation easements held by the organization (check all that apply).	in 990, Fartiv, line 7.
1		and this to all the base of a set of the land of the set
		an historically importantly land area
		certified historic structure
_	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of	of a conservation easement
	on the last day of the tax year.	Held at the End of the Year
а		2a
b	rotal dolodge restricted by school valion edgements 111111111111111111111111111111111111	2b
С	Trained of deficit validit decomposite on a continue meteric director metadad in (a) 1 1 1 1 1	2c
d	(-)	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during
	the taxable year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, viola	
	enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the	=
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the ye	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and e	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes
	the organization's accounting for conservation easements.	
Ра	Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statemer art, historical treasures, or other similar assets held for public exhibition, education, or researc provide, in Part XIV, the text of the footnote to its financial statements that describes these items	nt and balance sheet works of h in furtherance of public service, s.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement an historical treasures, or other similar assets held for public exhibition, education, or research in	nd balance sheet works of art, furtherance of public service,
	provide the following amounts relating to these items:	<b>▶</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for	tinancial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	<b>&gt;</b> 0
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	
For	Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 76-0803008 Page **2** 

Par	t III       Organizati	ons Maintaining	Collections	of Art, Hi	storical	Treasure	s, or	Other Similar A	Assets (	continue	d)
•	llaina tha annanimat			-	4 !	fallanda 4	4		6:4-	!!4:	
3	Using the organizat		ia otner recordi	s, cneck a	iny of the	tollowing t	nat ar	e a significant u	se of its (	collection	
•	items (check all that			d		Loan or ev	chanc	ge programs			
a b	Scholarly r			d e	$\mathbf{H}$	Other	CHang	je programs			
		on for future gene	rations	е		Other					
С 4	Provide a description	_		s and evn	lain how	hay furtha	r tha c	rganization's ev	emnt nur	noce in	
4	Part XIV.	in or the organizat	ion's collections	s and exp	iaiii iiow	illey fulfilei	i tile t	nganization's ex	empt pui	pose III	
5	During the year, did	the organization	solicit or receiv	a donatio	ne of art	historical t	reacii	res or other simi	lar		
3	assets to be sold to	-							_	Yes	No
Par		ow and Custodi									NO
Гаі		e 9, or reported						iiiswered res	10 1 0111	1 990,	
	,	, ,			,	<u> </u>					
1a	Is the organization a	an agent, trustee,	custodian or ot	her interm	nediary fo	r contributi	ions o	r other assets no	ot		
	included on Form 9	-			-				[	Yes	No
b	If "Yes," explain the										
	, ,	J		•	`	,		Α	mount		
С	Beginning balance						1 c				
d	Additions during the						1d				
е	Distributions during						1e				
f	Ending balance										
2a	Did the organization						$\overline{}$		[	Yes	No
	If "Yes," explain the										
Par		nt Funds. Comp		ation an	swered '	Yes" to Fo	orm 9	90, Part IV, line	e 10.		
			(a) Current Year	<b>(b)</b> Pri	or year	(c) Two ye	ears bac	k (d) Three ye	ars back	(e) Four y	ears back
1 a	Beginning of year b	alance									
b	Contributions										
С	Investment earnings	s or losses									
d	Grants or scholarshi	ps									
е	Other expenditures	for facilities .									
	and programs										
f	Administrative expe	nses									
g	End of year balance										
2	Provide the estimat	ed percentage of t	the year end ba	alance held	d as:						
а	Board designated of	r quasi-endowmer	nt ▶	%							
b	Permanent endown	nent ▶	%								
С	Term endowment	> %									
3 a	Are there endowme	nt funds not in the	e possession o	f the orga	nization 1	hat are hel	ld and	administered for	the		
	organization by:									Υ	es No
	(i) unrelated organi	zations								3a(i)	
	(ii) related organization									3a(ii)	
b	If "Yes" to 3a(ii), are	e the related organ	izations listed a	as required	d on Sche	dule R? .				3b	
4	Describe in Part XI\										
Par	t VI Investment	s - Land, Buildii	ngs, and Equ	ipment. S	See For	n 990, Pa	ırt X, I	ine 10.			
	Description of	f investment		t or other bas vestment)		) Cost or other basis (other)	r	(c) Depreciation	(	<b>d)</b> Book valu	е
1a	Land										
b	Buildings										
С	Leasehold improver	ments									
d	Equipment										
_е	Other	<u></u>									
Tota	I. Add lines 1a-1e. (C	Column (d) should	equal Form 990	), Part X,	column (L	3), line 10(c	:).)	<u></u> <b>&gt;</b>			

Schedule D (Form 990) 2008

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Part VII	Investments - Other Securities. See	Form 990, Part X, I	ine 12.	, ago o
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion: set value
Financial der	ivatives and other financial products			
Closely-held	equity interests			
Other				
		+		
		_		
	(b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See	Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion: set value
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets. See Form 990, Part X	line 15.		
	(8	a) Description		(b) Book value
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
	(a) Description of liability	(b) Amount		
Federal incor	ne taxes			
			_	
Total (Column	(b) should equal Form 990, Part X, col. (B) line 25.)			
· otai. (Coluinni	(b) should equal Form 990, Part X, col. (B) line 25.)	<u> </u>		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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<b>Part</b>	XI Reconciliation of Change in Net Assets from Form 990 to Fin	ancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV)		8
9	Total adjustments (net). Add lines 4-8		9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and		10
Part			
	Total revenue, gains, and other support per audited financial statements		
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		• -
		2a	
a	Net unrealized gains on investments		_
b	Donated services and use of facilities		_
C	Recoveries of prior year grants		_
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIV)		
	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 1:		
	XIII Reconciliation of Expenses per Audited Financial Statements		
1			. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		_
b	Prior year adjustments	2b	
С	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1	. , ,	. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV) Add lines 4a and 4b	4b	
	Add in loo 40 drid 40		. 4c
_5_	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line	18.)	.   5
Part	• •		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; p; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b; and		rt IV, lines 1b

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Part XIV	Supplemental Information (continued)		_
. a. c A.	- Cappionionia monimum (Commissos)		—
			· – –

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SUPPORT JOOMLA! OPEN SOURCE CONTENT MANAGEMENT SYSTEM.
JOOLMLA! IS AN OPENSOURCE WEB BASED CONTENT MANAGEMENT SYSTEM WHICH
IS FREE AND AVAILABLE TO ANYONE. THE CORE TEAM OF JOOMLA! IS
COMPRISED OF VOLUNTEERS WHO HELP IN DETERMINING THE DIRECTION OF THE
PROJECT. OPEN SOURCE MATTERS, INC PROVIDES RESOURCES FOR TRAVEL
CONFERENCES, LEGAL AND PROFESSIONAL SUPPORT.

#### FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	( A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	( D) EXCLUDED REVENUE
INTEREST INCOME	32.		32.	
TOTALS	32.		32.	

OPEN SOURCE MATTERS, INC. 76-0803008

### FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

						MI NUS:	
		BEGI NNI NG		SALARIES		ENDING	COST OF
DESCRIPTION	GROSS SALES	INVENTORY	PURCHASES	AND WAGES	OTHER COSTS	INVENTORY	GOODS SOLD
PRINTED GOODS	25,918.	5,201.	10,138.			4,483.	10,856.
TOTALS	25,918.	5,201.	10,138.			4,483.	10,856.
	=======================================	=======================================			=======================================		

OPEN SOURCE MATTERS, INC. 76-0803008

#### **Description of Property DEPRECIATION** Unadjusted 179 exp. Beginning Ending Accumulated Accumulated Me-ACRS CRS Current-year 179 Date Bus. Basis for Current-year placed in Cost reduction Basis % Asset description Reduction Life class class depreciation service or basis in basis depreciation depreciation depreciation thod Conv. expense 7,422. 200DB COMPUTER HARDWARE 12/07/2007 100.000 7,422. 3,006. 2,820. Less: Retired Assets 7,422. 186. 3,006. 7,422. 2,820. Listed Property Less: Retired Assets Subtotals TOTALS............. 7,422. 7,422. 3,006. 2,820. 186. **AMORTIZATION** Accumulated Accumulated amortization Code Date Cost Current-year placed in or Asset description service basis Life amortization TOTALS..........

\*Assets Retired JSA 8X9024 1.000

Dasc	rintion	of Property	

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated	Ending Accumulated depreciation	Me-	Conv	Life	ACRS	M A CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007		100.000	III basis	reduction	7,422.	186.	3,006.	20005	MQ	LIIC	Ciass	5	Схрепве	2,820
COMPOTER HANDWARE	12/01/2001	1,422.	100.000			7,422.	100.	3,000.	20001	MQ			J		2,020
Long: Detired Assets															
Less: Retired Assets		7,422.	-			7,422.	186.	3,006.	)						2,820.
Subtotals	<u> </u>	1,422.				1,422.	180.	3,006.							2,820.
Listed Froperty															
Less: Retired Assets			-						1						
Subtotals			-			7 400	106	2 006							0.000
AMORTIZATION		7,422.				7,422.	186.	3,006.							2,820.
AWORTIZATION	Date	Cost						Ending							
	placed in	or					Accumulated	Ending Accumulated		٠.,					Current-year
Asset description	service	basis	-				amortization	amortization	Code	Life	_				amortization
			-					-							
			-												
			-												
									-						
TOTALS															

\*Assets Retired JSA 8X9024 1.000