Annual Filing for Charitable Organizations
New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway

This form used for Article 7-A, EPTL and dual filers			120 Broa	adway			Open to Public	
(replaces forms CHAR 497, CHAR 010 and CHAR 006)			New York, N http://www.char			•	Inspection	
1. General Information	1							
a. For the fiscal year begin	nning (m	m/dd/yyyy)	/ 2 0 1 1 and ending (m	m/dd/yyyy)				
b. Check if applicable for I			f organization			d. Fed. emp	oloyer ID no. (EIN) (##-######)	
Address change		OPEN	SOURCE MATTERS, IN	ic.		76-0	803008	
Name change						e. NY State registration no. (##-##-##)		
Initial filing						40-3	9-53	
Final filing						f. Telephon	e number	
Amended filing	Amended filing PO BOX 4668 # 88354							
NY registration po	NY registration pending City or town, state or country and zip + 4				·	g. Email		
		NEW	YORK, NY, 10163-4668					
2 Cortification - Two	Signatu	roc Poguir			·			
2. Certification - Two						-		
we certify under penaltie correct and complete in a	s of perj ccordan	ce with the	reviewed this report, including a laws of the State of New York a	all attachments, and pplicable to this report	to the best of our	knowledge a	and belief, they are true,	
a. President or Authorize	d Officer		1 Man VA	PAUL O	RWIG	PRESID	ENT 5/21/13	
			Signature	Printed Name		Title	Date	
b. Chief Financial Officer	or Treas	•	Signature	THOMAS Printed Name	HAMPTON	TREASU	RER (0/)4/2015	
			Oignature 10	Finited Name		Tiue	Date	
3. Annual Report Exen	nption I	Information	n					
			cle 7-A registrants and dual regis	trants)				
			NY State (including residents,		ations, governme	nt agencies	etc.) did not exceed	
			ation did not engage a profession					
contri	ibutions	during this f	fiscal year.		· ·	•	,	
NOTE: An organiza	ation ma	y claim this	exemption if no PFR or FRC was	used and either: 1) i	t received an all	ocation from	a federated fund,	
United Way or inco	orporate	d community	y appeal and contributions from	other sources did no	t exceed \$25,00	0 <u>or</u> 2) it red	ceived all or	
substantially all of	its conti	ributions fro	m one government agency to w	hich it submitted an	annual report si	milar to that i	required by Article 7-A.	
			strants and dual registrants)					
Check ► if gro	ss recei	pts did not e	exceed \$25,000 and assets (mai	rket value) did not ex	ceed \$25,000 a	t any time du	ring this fiscal year.	
For EPTL or Article-7A regi	strants cl	laiming the ar	nnual report exemption under the one	a law under which they ar	e registered and fo	r dual registrar	its claiming the annual report	
			te part 1 (General Information), part	=		=	- ' (
			not complete the following schedule:		· ·			
			_					
4. Article 7-A Schedule	es	*						
If you did not check the Arti	icle 7-A a	nnual report e	exemption above, complete the follow	ving for this fiscal year:				
,			aiser, fund raising counsel or commerc	-	aising activity in NY	State?	Yes* No	
* If "Yes", complete			,					
b. Did the organization	receive	government	contributions (grants)?				. Yes* No	
* If "Yes", complete								
5. Fee Submitted: See			- 					
Indicate the filing fee(s)	-	-	-					
					-		money order for the	
	b. EPTL filing fee							
c. Total fee : :	• • • •		<u> </u>	\$ 50.				
6. Attachments - For o	rganizat	tions that are	e not claiming annual report ex	emptions under both	laws, see last pa	ge for require	ed attachments -> ->	

CHAR500 - 2011

Form 990

Department of the Treasury Internal Revenue Service

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)

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

OMB No. 1545-0047

Open to Public Inspection

A F	or th	e 2011 calendar year, or tax yea	r beginning	, 2011	, and end	ling		, 20	
		C Name of organization					D Employer identifi	cation number	
Вс	heck if ap	OPEN SOURCE MATTI	ERS, INC.				76-080300)8	
	Addre						-		
	Name	change Number and street (or P.O. box	if mail is not delivered to street address	s)	Room/suite	Э	E Telephone numbe	er .	
	Initial	return PO BOX 4668 # 88:	354				() -		
	Termi	City or town, state or country, an	d ZIP + 4						
	Amen return	NDW TORRY NT TOT					G Gross receipts \$	331	, 709.
L	Applic pendi	9		•			H(a) Is this a group retu affiliates?	um for Yes	X No
		PO BOX 4668 #883	54 NEW YORK, NY 1016	63-4668			H(b) Are all affiliates in	cluded? Yes	No
<u> </u>			01(c) () ((insert no.)	4947(a)(1)	or	527	If "No," attach a lis	st. (see instructions)	
		e: ▶ WWW.JOOMLA.ORG		***			H(c) Group exemption i		
		f organization: X Corporation Tru	ust Association Other		L Yea	r of format	ion: 2005 M State	of legal domicile:	NY
Pa	irt I	Summary							
	1	Briefly describe the organization's m	ission or most significant activities	:					
ø		OPEN SOURCE WEB BASED	CONTENT MANAGEMENT	SYSTEM	(JOOML)	A),WH]	CH IS FREE.		
and									
Governance									
36	2	Check this box 🕨 if the organize	•	•				,	
ంఠ	3	Number of voting members of the go							
ties	4	Number of independent voting memb	pers of the governing body (Part V	/I, line 1b) .					
Activities	5	Total number of individuals employed	d in calendar year 2011 (Part V, lir	ne 2a)					
Act	6	Total number of volunteers (estimate	if necessary)				6		
	7a	Total unrelated business revenue fron	n Part VIII, column (C), line 12					253	,224.
	b	Net unrelated business taxable incon	ne from Form 990-T, line 34	<u> </u>			7b		
							Prior Year	Current Ye	ear
Φ	8	Contributions and grants (Part VIII, lin	ne 1h)				9,259.		
nua	9	Program service revenue (Part VIII, lin					294,963.	330	,137.
Revenue	10	Investment income (Part VIII, column	(A), lines 3, 4, and 7d)				31.		66.
I.	11		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						,128.
	12	Total revenue - add lines 8 through 1					312,215.	323	,075.
	13	Grants and similar amounts paid (Par					0		(
	14		efits paid to or for members (Part IX, column (A), line 4)						
S	15	Salaries, other compensation, employ					0		(
Expenses	16a	Professional fundraising fees (Part IX					0		(
e e	Ь	Total fundraising expenses (Part IX, c			0	•			
Ш	17	Other expenses (Part IX, column (A),				-	234,006.	186	,675
	18	Total expenses. Add lines 13-17 (mu					234,006.	186	,675
	19	Revenue less expenses. Subtract line					78,209.	136	,400
es es	20 21 22						ning of Current Year	End of Yea	ar
land	20	Total assets (Part X, line 16)					112,422.	263	,223
Ass	21	Total liabilities (Part X, line 26)				•	17,470.	31	,871
Set	22	Net assets or fund balances. Subtract				: —	94,952.	231	,352
Pa	rt II	Signature Block							
Une	der per	alties of perjury, I declare that I have exami	ned this return, including accompanyi	ng schedules	and statem	ents, and t	o the best of my know	edge and belief, it	is true,
cor	rect, ar	d complete. Declaration of preparer (other	than officer) is based on all information	n of which p	reparer has	any knowle	edge.		
		L							
Sig		Signature of officer	· · · · · · · · · · · · · · · · · · ·				Date		
He	re	.							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	ì	Check X if	PTIN	
Paic		DANIELLE HLATKY			1,5/2	1/12		P014032	210
	parer	Firm's name ▶ PIPIA COHEN	HLATKY LA	.		-	Firm's EIN ▶ 26	-4268100	
Use	Only	Firm's address ▶ 195 KOSCIUS		11216			7 11111 O E117 P	7-425-9397	
May	the I	RS discuss this return with the prepar						X Yes	No

Pari	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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	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,	-		
•		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	'		- ^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		Х
_	complete Schedule D, Part III	8		^
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,"			7.7
4.0	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		i	4,7
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	li		
	Schedule D, Part VI	11a	X	
b	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	11b		X
C	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	11c		<u> </u>
d	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	11d		_ <u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	15		X
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, Parts III and IV	16		Х
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 (see instructions)	17		Х
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		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Checklist of Required Schedules (continued) Part IV Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II........ 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 24 a 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 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.... Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х 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? X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Х disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 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 X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, Х Х 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the Х 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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, Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and Х

Form 990 (2011)

1	Done.	z
	rade	- 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
٠,	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	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			1
	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 (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
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	40		х
h	account)?	4a		$\stackrel{\wedge}{-}_{1}$
b	See instructions for 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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	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).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
h	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			- 1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ائـــ
_	organization, have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.	9a		X
	Did the organization make any taxable distributions under section 4966?	9b		<u>X</u>
10	Section 501(c)(7) organizations. Enter:			1
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		- 4
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.			4
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
_	the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	l	1

OPEN SOURCE MATTERS, INC. 76-0803008 Form 990 (2011) Page 6 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. Check if Schedule O contains a response to any question in this Part VI............... X Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body?...... 8h Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 13 13 Did the organization have a written whistleblower policy?.......... X 14 Did the organization have a written document retention and destruction policy?......... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_____ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the

PAGE 7

organization: ▶PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216

20

Part VII	Compensation of O	fficers, Directors,	Trustees, Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contrac		_		•	•	• • •	

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.

- 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, if any. 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee		(W-2/1099-MISC)		organization and related organizations			
(1)						:				
(2)										
(3)										
(4)										·
(5)										
(6)										
(7)										
(9)		2 2								
_(10)										
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_(14)										
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		0
	Yes	0
3	Yes	0
3	Yes	0 0 No
	Yes	0 0 No X
3	Yes	0 0 No X
	Yes	0 0 No X
4 5	Yes	0 0 No X
4	Yes	0 0 No X
4 5		0 0 No X

	990 (2011),	1/		1-			a m al 1	احاذا	heat Campanasi	od Employ	1000 /0	antinua	Page 8
Pa	t VII Section A. Officers, Directors, Tru	1	y Em	ipic			and r	ııg		1	ees (c		
	(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reporta compensation related	n from	Est am	(F) imated ount of ther
		(describe hours for related organizations in Schedule O)	lndividual trustee or director	lnstitutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		fro orga and	ensation m the nization related nizations
		_											
					i								
1b	Sub-total								0		0		0
d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)		<u> </u>		<u> </u>			▶	(0		0
2	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste	d a	bov	e) wh	o re	eceived more than	\$100,000	of 	 -	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Yes No
4.	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	007	? //	"Yes	5,"	complete Schedu	le J for s	such	4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo											5	X
	tion B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization. Report c year.	pensated i compensati	ndepe on for	ende the	ent e ca	con	tracto dar ye	ors f	that received more ending with or wit	than \$100 hin the orga	,000 o inizatio	f n's tax	
	(A) Name and business add	dress							(B) Description of s	ervices		(C) compens	ation
								+					
						-		+-					
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se	listed above) who	received			

Pai	t 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
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns					
	h	Total. Add lines 1a-1f ATTACHMENT	7.5▶	0			
nge			Business Code				
Program Service Revenue	2a	PUBLISHING ROYALTIES	511130	10,998.	10,998.		
	b	ADVERTISING INCOME	541800	253,158.		253,158.	
ζįς	С	SPONSORSHIP	541610	9,393.	9,393.		
Ser	d	CONFERENCE REGISTRATION	541610				
ä	е	INDIVIDUAL DONORS	541610	2,743.	2,743.		
g	f	All other program service revenue	541610	53,845.	53,845.		
<u> </u>	g	Total. Add lines 2a-2f	▶	330,137.			
	3 4 5	Investment income (including dividends, interother similar amounts). ATTACHMENT Income from investment of tax-exempt bond properties.	2 ▶ proceeds ▶	66. 0		66.	
		(i) Real	(II) Personal				1
	6a	Gross rents					
	þ	Less: rental expenses					
	c d	Rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses					
		Gain or (loss)					
enne	a 8a	Gross income from fundraising events (not including \$		-			
Other Revenue	.	of contributions reported on line 1c). See Part IV, line 18		٨٠			
H	b	Less: direct expenses b Net income or (loss) from fundraising events .		0	[*	, , , , , , , , , , , , , , , , , , ,	
O		Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b	8,634.				
	<u>c</u>	Net income or (loss) from sales of inventory		-7,128.			
		Miscellaneous Revenue	Business Code	-			
	11a						
	b						
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0		050.001	
	12	Total revenue. See instructions		323,075.	76,979.	253,224.	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	Ó									
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0									
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0									
4 5	Benefits paid to or for members	0									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0									
7 8	Other salaries and wages	0									
9	Other employee benefits	0									
	Fees for services (non-employees): Management Legal	0 12,195.		12,195.							
d	Accounting	21,795. 0		21,795.							
f g	Investment management fees	0									
13 14	Advertising and promotion	1,000.		1,000.							
15 16 17	Royalties	0 0 47,304.	47,304.								
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	0 4,010.	4,010.								
20 21	Interest	0 0 812.	812.								
22 23 24	Depreciation, depletion, and amortization Insurance ATCH 6	1,100.	0100	1,100.							
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
b	TAXES-FED, NYS & NYC BANK SERVICE CHARGES HOSTING EXPENSE	33,742. 690. 2,225.	2,225.	33,742. 690.							
d e	CONSULTING All other expenses _ ATTACHMENT_ 4	8,542. 53,260. 186,675.	8,542. 62,893.	53,260. 123,782.							
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	180,073.		12071020							

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Page **11**

Pa	rt X	Balance Sheet	-		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	97,741.	1	262,326.
	2	Savings and temporary cash investments	4,338.	2	0
	3	Pledges and grants receivable, net	0	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			
	6	Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions)	0	5	0
ets.	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use	8,634.	8	0
⋖	9	Prepaid expenses and deferred charges	0,0010		0
	-	Land, buildings, and equipment: cost or		<u> </u>	
		other basis. Complete Part VI of Schedule D 10a 7,422.			
	h	Less: accumulated depreciation	1,709.	100	897.
	11	Investments - publicly traded securities		11	0
	12	Investments - other securities. See Part IV, line 11	d	12	0
	13	Investments - program-related. See Part IV, line 11	Q	13	
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	112,422.	16	263,223.
	17	Accounts payable and accrued expenses	17,470.	17	31,871.
	18	Grants payable	Ċ	18	0
	19	Deferred revenue	Q	19	0
	20	Tax-exempt bond liabilities	0	20	0
Sa	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Ħ	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.	anno anga 1986a anno dhua da a		
		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	C	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	17,470.	26	31,871.
Fund Balances		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.	-dhaaran		
an	27	Unrestricted net assets	94,952.	27	231,352.
Ba	28	Temporarily restricted net assets	0	28	0
nd	29	Permanently restricted net assets	0	29	0
or Fu		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	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	94,952.		231,352.
	34	Total liabilities and net assets/fund balances	112,422.	34	263,223.

For	m 990 (2011)				Pa	age 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	23,	075.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	86,	675.
3	Revenue less expenses. Subtract line 2 from line 1	3				400.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			94,	952.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6		2	31,	352.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting from a prior year or checked "Other," examples of the organization changed its method of accounting the organization changed	kplain	ı in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		7	2a		-
b		• •	7	2b		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	vers	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountar	nt?		2c		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplair	ı in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ear w	ere			
	issued on a separate basis, consolidated 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	າ 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				١	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3	3 b		Ш_

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

OPEN SOURCE MATTERS, INC.

Employer identification number 76-0803008

Par	tl	Organizations Maintaining Donor Advis organization answered "Yes" to Form 99	ed Funds or Other Similar Funds of 0. Part IV. line 6.	r Accounts. Complete if the
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		gate contributions to (during year)		
3		gate grants from (during year)		
4		gate value at end of year		
5		e organization inform all donors and donor ac	lvisors in writing that the assets held in	n donor advised
•		are the organization's property, subject to the	-	
6		e organization inform all grantees, donors, and	•	
•		or charitable purposes and not for the benefit of		
Par	4 11	rring impermissible private benefit? Conservation Easements. Complete if the conservation Easements.	he organization answered "Yes" to F	Form 990 Part IV line 7
1		se(s) of conservation easements held by the c		om 990, Fait IV, line 7.
•		Preservation of land for public use (e.g., recrea		of an historically important land area
	4 1	Protection of natural habitat	·	of an historically important land area of a certified historic structure
	1 1	Preservation of open space	Preservation	of a certified historic structure
2		plete lines 2a through 2d if the organization held	d a qualified conservation contribution i	n the form of a consequation
_	easer	nent on the last day of the tax year.	a qualified conservation contribution i	if the form of a conservation
	00001	ment on the last day of the tax year.		Held at the End of the Tax Year
а	Total	number of conservation easements		
b		acreage restricted by conservation easements		
C		er of conservation easements on a certified hi		
d		er of conservation easements included in (c) a		
u				2d
3		c structure listed in the National Register er of conservation easements modified, transf		
,		ar ▶	erred, released, extinguished, or termi	nated by the organization during the
4	-	er of states where property subject to conserv	ration essement is located	
- 5		the organization have a written policy regardin		andling of
J		ons, and enforcement of the conservation ease		- 1 1
6		and volunteer hours devoted to monitoring, ins		
•	Dian i	and volunteer flours devoted to monitoring, ins	pecting, and emorcing conservation ea	sements during the year
7	Amou	nt of expenses incurred in monitoring, inspecti	ng and anforcing conservation accom-	ante during the year
•			ng, and emorcing conservation easeme	ents during the year
8		each conservation easement reported on line	2(d) above estisfy the requirements of s	eaction 170/h\/4\/P\
•				
۵	In Dar	I section 170(h)(4)(B)(ii)? t XIV, describe how the organization reports o	oncorrection accompants in its revenue at	nd expense statement and
•	balan	ce sheet, and include, if applicable, the text of	the footnote to the organization's finan	cial statements that describes the
		ization's accounting for conservation easement		
Par	t III	Organizations Maintaining Collections		er Similar Assets.
		Complete if the organization answered "		
1a	If the	organization elected, as permitted under SFA	S 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works	organization elected, as permitted under SFA of art, historical treasures, or other similar service, provide, in Part XIV, the text of the foo	assets held for public exhibition, ed	ucation, or research in furtherance of
_				
b	n the	organization elected, as permitted under SF of art, historical treasures, or other similar	-AO ווס (AOC 908), נס רפססת וח ונג Assets held for public exhibition ed	nevenue statement and balance sneet lucation, or research in furtherance of
	public	service, provide the following amounts relating	g to these items:	
		evenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) As	sets included in Form 990, Part X		> \$
2		organization received or held works of art,		
		ing amounts required to be reported under SF		
а		nues included in Form 990, Part VIII, line 1		
h				. \$

Page	7

Pai	t III Organizations Maintaining Coll	ections of	Art, Histo	rical Tre	asure	s, or	Other	Similar A	Assets (d	continued)	
3	Using the organization's acquisition, accercollection items (check all that apply):	ssion, and o	other reco	rds, checl	k any c	of the	follow	ring that a	are a sig	nificant use	of its
а	Public exhibition		d [Loa	n or ex	chan	ge prog	ırams			
b	Scholarly research		e	Oth	er						
С	Preservation for future generations	s	_	_							
4	Provide a description of the organization's	collections	and expla	ain how t	hey fu	rther	the org	ganization'	s exemp	t purpose in	n Part
	XIV.										
5	During the year, did the organization solicit assets to be sold to raise funds rather than								_	Yes	No
Pai	Escrow and Custodial Arranger line 9, or reported an amount of				nizatior	ans	wered	"Yes" to	Form 99	00, Part IV,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			-					_	Yes	No
b	If "Yes," explain the arrangement in Part XIV										
_	too, explain are all a german are all							Α	mount		
С	Beginning balance					1c					
	Additions during the year					-					
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on	Form 990, I	Part X, line	21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV	<i>I</i> .							_		_
Pai	t V Endowment Funds. Complete i	f the orgar	nization ar	swered '	"Yes" t	o Fo	rm 990), Part IV,	line 10.		
	(a) C	urrent year	(b) Pric	or year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four year	s back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities .										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	•		e (line 1g,	column	ı (a)) l	held as:	•			
a	Board designated or quasi-endowment ▶_		_%								
b	Permanent endowment ▶ %										
С	Temporarily restricted endowment ▶	%									
•	The percentages in lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the poss	session of th	ne organiza	ation that	are hel	d and	admir	listered for	tne		T . 1
	organization by:									Yes	No
	(i) unrelated organizations									3a(i) 3a(ii)	
h	(ii) related organizations									3b	+
_	If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of the		-					• • • • •		3.0	
4 Par				_							
r ai	Description of property						/a\ ^ ==			d) Book value	
		(a) Cost or (inves	tment)	(b) Cost o	ther)	3515		cumulated eciation		u) Book value	
1a	Land			<u> </u>							
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other		n 000 Port	V oolum	7/D\ 11=	10.40	(0))				
ioia	. Add mies Ta unough Te. (Column (a) mus	ı equal FOM	i 990, Part	A, COIGITII	ı (D), III.	10(<i>v).).</i> .		Cabad	lule D (Form 9	90) 2011

Schedule D (Form 990) 2011

Page	3
raye	v

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion: ket value
(1) Financia	al derivatives			
(2) Closely	-held equity interests			<u>. </u>
(3) Other				
(B)				
<u>(C)</u>				
(D) (E)				
(F)				
(G)				
3-/ (H)				
(l)			-	
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990, Part X, Iin	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li			
/1\	(a)	Description		(b) Book value
(1)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				····
(10)				
Part X	(b) must equal Form 990, Part X, col. (B) line 15.)			
1.	Other Liabilities. See Form 990, Part X (a) Description of liability	(b) Book value		
	al income taxes	(b) Book value	<u>- </u>	ł
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				1
(8)				
(9) (10)				
(11)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>		
	ASC 740) Footnote. In Part XIV, provide the t		the organization's financial statement	s that reports the

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnot organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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Schedul	e D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expanses (Form 000, Port IV, column (A), line 05)	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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu		
1	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:	•	
a	Net unrealized gains on investments	-	
b	Donated services and use of facilities 2b	\dashv	
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	\exists	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)	\neg	
c	Add lines 4a and 4b	.] 4	1c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturr	1
1	Total expenses and losses per audited financial statements	.L	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c	_	
d	Other (Describe in Part XIV.)	_	
е	Add lines za through zd	• ⊢	2e
3	Subtract line 2e from line 1	· _	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	_	,
b	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· -	4c
5		•	5
Comp	XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	rt I\/	lines 1h and 2h:
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple		
	ditional information.		' '
	·		

Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Inspection

Name of the organization

OPEN SOURCE MATTERS, INC.

Employer identification number 76-0803008

ATTACHMENT

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 INCOM	<u>1E</u>		ATTACHMENT 2				
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE			
INTEREST INCOME	6	6.	66.				
TOTALS	6	<u>6.</u>	66.				

Schedule O (Form 990 or 990-EZ) 2011				Page 2
Name of the organization			Employer identificati	on number
OPEN SOURCE MATTERS, INC.			76-080300	08
		AT	TACHMENT 3	
FORM 990, PART VIII - GROSS SALES AND	COST OF GOODS	S SOLD		
GROSS SALES LESS RETURNS AND ALLOWANCE	ES	• • • • • • • • • • • • • • • • • • • •	1,506.	
INVENTORY AT BEGINNING OF YEAR	• • • • • • • • • • • • • • • • • • • •		8,634.	
PURCHASES	• • • • • • • • • • • • • • • • • • • •	•••••		
SALARIES AND WAGES		• • • • • • • • • • • • •		
OTHER COSTS		• • • • • • • • • • • • • • • • • • • •		
SUBTOTAL	• • • • • • • • • • • • • • • • • • • •		8,634.	
MINUS ENDING INVENTORY	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
COST OF GOODS SOLD	• • • • • • • • • • • • • • • • • • • •		8,634.	
TODY 000 DIDE TV OFFID TURNING		A	TTACHMENT 4	
FORM 990, PART IX - OTHER EXPENSES				
	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL	EXPENSES
MARKETTING	51,481.		51,481.	
MISC EXP	1,779.		1,779.	
TOTALS	53,260.		53,260.	

OPEN SOURCE MATTERS, INC.

76-0803008

ATTACHMENT 5

FORM 990, PART VIII - CONTRIBUTIONS

FEDERATED FUNDRAISING RELATED GOVERNMENT ALL OTHER
NAME AND ADDRESS DATE CAMPAIGNS MEMBERSHIP DUES EVENTS ORGANIZATIONS GRANTS CONTRIBUTIONS

GRANTS

TOTALS

2011

Description of Property	Description of Property							ATTACHMENT 6							
DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv	Life	ACRS class	M A CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007					7,422.	5,713.	6,525.	200DE	MQ	LIIO	01455	5	Схреное	812.
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Less: Retired Assets									_						¢ -
Subtotals		7,422.				7,422.	5,713.	6,525.							812.
Listed Property	· · · · · · · · · · · · · · · · · · ·				,										
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Less: Retired Assets									1						
Subtotals						·									<u> </u>
TOTALS		7,422.	L			7,422.	5,713.	6,525.	<u> </u>			,			812.
AMORTIZATION											. ,			_	
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	_ Life					Current-year amortization
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TOTALS	<u> </u>					·									

*Assets Retired JSA 1X9024 1.000

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ATTACHMENT 6

Description of Property															70 000000
DEPRECIATION				<u></u>											
BEFREGIATION	Date	Unadjusted	T	179 exp	T	1	Beginning	Ending	·	 -	_		LMΔ	Current-year	1
Asset description	placed in	Unadjusted Cost	Bus.	179 exp. reduction in basis	Basis	Basis for	Accumulated	Ending Accumulated depreciation	Me-			ACRS	M A CRS class	Current-year 179 expense	Current-year
COMPUTER HARDWARE	service	or basis	%	in basis	Reduction	depreciation	depreciation	depreciation	thod	Conv.	Life	class		expense	
COMPUTER HARDWARE	12/07/2007	7,422.	100.000		 	7,422.	5,713.	6,525.	200DE	MQ		-	5		812.
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Less: Retired Assets															2.
Subtotals		7,422.				7,422.	5,713.	6,525.			•				812.
Listed Property													•		
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Less: Retired Assets		-										L			
Subtotals									1						
TOTALS		7,422.				7,422.	5,713.	6,525.							812.
AMORTIZATION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1,020.							012.
AMORTIZATION	Date	Cost						Ending	Γ	l					
0	placed in	or basis					Accumulated	Ending Accumulated amortization	Codo	Life					Current-year
Asset description	service	Dasis					diffordization	amortization	Code	Life	-				amortization
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TOTALS		l	l												1

*Assets Retired JSA 1X9024 1.000

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