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Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2012 Open to Public Inspection
1. General Information		
a. For the fiscal year beginning (m	m/dd/yyyy) / 2 0 1 2 and ending (mm/dd/yyyy)	
b. Check if applicable for NYS: Address change Name change Initial filing Final filing Amended filing NY registration pending	c. Name of organization OPEN SOURCE MATTERS, INC. Number and street (or P.O. box if mail not delivered to street address) PO BOX 4668 # 88354 City or town, state or country and zip + 4 NEW YORK, NY, 10163-4668	d. Fed. employer ID no. (EIN) (## #################################
a. President or Authorized Office b. Chief Financial Officer or Treas 3. Annual Report Exemption a. Article 7-A annual report exe	Signature Arinted Name Signature Printed Name	PRESIDENT 11/7/13 Title Date Treasurer 11/7/13 Title Date
\$25,000 <u>and</u> contributions <u>NOTE:</u> An organization ma United Way or incorporate substantially all of its con b. EPTL annual report exemptio	butions from NY State (including residents, foundations, corporations, government the organization did not engage a professional fund raiser (PFR) or fund raising c s during this fiscal year. ay claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an all ed community appeal <u>and</u> contributions from other sources did not exceed \$25,00 tributions from one government agency to which it submitted an annual report si n (EPTL registrants and dual registrants)	ounsel (FRC) to solicit ocation from a federated fund, 10 <u>or</u> 2) it received all or milar to that required by Article 7-A.
Check ► if gross rece	ipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 a	t any time during this fiscal year.
exemptions under both laws,	claiming the annual report exemption under the one law under which they are registered and fo simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report E abmit a fee, <u>do not</u> complete the following schedules and <u>do not</u> submit any attachments to the	Exemption Information) above.
4. Article 7-A Schedules		
If you did not check the Article 7-A a. Did the organization use a profe * If "Yes", complete Schedu	annual report exemption above, complete the following for this fiscal year: essional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY le 4a. government contributions (grants)?	
5. Fee Submitted: See last nor	e for summary of fee requirements.	
Indicate the filing fee(s) you are a. Article 7-A filing fee b. EPTL filing fee	e submitting along with this form: \$	e check or money order for the le to "NYS Department of Law"
6. Attachments - For organiza	tions that are not claiming annual report exemptions under both laws, see last pa	ge for required attachments \rightarrow \rightarrow \rightarrow

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5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

!	Organization's Registration Type	Fee Instructions
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee	* Any organization that contracted with or used the services of a professional fund raiser
more than \$250,000	\$25	(PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A
up to \$250,000 *	\$10	filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

oncer the boxes for the documents you are attaching.	
For All Filers	
Filing Fee X Single check or money order payable to "NYS Department of Law"	
Copies of Internal Revenue Service Forms	
X IRS Form 990 IRS Form 990-EZ All required schedules (including All required schedules (including Schedule B) Schedule B) IRS Form 990-T IRS Form 990-T	IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T
Additional Article 7-A Document Attachment Requirement	
Independent Accountant's Report	
Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000) No Accountant's Report Required (total support & revenue not more than \$100,000)	
Independent Accountant's Report Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000)	

٠		90	Under		of Organiz 1(c), 527, or 4943 benefit		e Interna	I Revenue		me Tax except black lung	ОМВ №. 1545-0047 20 12 Орен to Public
		of the Treasury anue Service		The organiz	ation may have to	•		•	ate repo	rting requirements.	Inspection
AF	or th	ie 2012 ca	lendar year, d					, and endin			, 20
D		CN	ame of organizatio	'n						D Employer identifica	ation number
	heck if a	pplicable:	PEN SOURC	E MATTE	RS, INC.					76-0803008	3
	Addr chan		oing Business As								
	Name	e change N	umber and street	(or P.O. box if	mail is not delivered to	o street address)		Room/suite	1	E Telephone number	
	Initia	ireturn]	PO BOX 466	8 # 883	54					() –	
	Term		ity, town or post o								
	Amer		IEW YORK,							G Gross receipts \$	571,984.
	Appli pend	ng	Name and addre							H(a) Is this a group retun affiliates?	n for Yes X No
					4 NEW YORK,	NY 1016	3-4668			H(b) Are all affiliates inclu	uded? Yes No
_		empt status:	501(c)(3		1(c) () ┥ (ins	ert no.)	4947(a)(1)	or 52	7	If "No," attach a list.	(see instructions)
			JOOMLA.C		- I - I I					H(c) Group exemption nu	·
		of organizati		ion Trus	t Association	Other 🕨		L Year of	f formatio	on: 2005 M State	of legal domicile: NY
Pa	rt I	Summ									
Governance	1	OPEN S	OURCE WEB	BASED (Sion or most signific CONTENT MANA CONTENT MANA A CONTENT MANA CONTENT	AGEMENT S	SYSTEM				
8 G	3				erning body (Part VI						
Activities &	4	Number o	independent vo	oting membe	ers of the governing	y body (Part Vi	, line 1b)				+ ·
ivit	5	Total num	ber of individual	s employed	in calendar year 20	12 (Part V, line	e 2a)			5	0
Act	6	Total num	ber of volunteers	s (estimate if	necessary)					6	
	7a	Total unre	lated business r	evenue from	Part VIII, column (C	;), line 12					251,377.
					e from Form 990-T,						0
										Prior Year	Current Year
1e	8	Contributi	ons and grants (Part VIII, line	1h)					0	0
enc	9	Program s	ervice revenue (Part VIII, line	2g)					330,137.	571,360.
Revenue	10	Investmer	t income (Part V	/III, column (A), lines 3, 4, and 7	d)				66.	597.
	11				ines 5, 6d, 8c, 9c, 1					-7,128.	27.
	12				(must equal Part V		, line 12) .			323,075.	571,984.
	13				IX, column (A), lines				ļ	0	0
	14				X, column (A), line 4					0	0
ses	15	Salaries, o	other compensation	tion, employe	ee benefits (Part IX,	column (A), lir	nes 5-10).		ļ	0	0
Expenses	16a	Profession	al fundraising fe	es (Part IX, o	column (A), line 11e lumn (D), line 25) ▶)			L	0	0
EXE	b	Total fund	raising expenses	s (Part IX, col	lumn (D), line 25) 🕨				<u> </u>		
-	17	Other exp	enses (Part IX, o	olumn (A), li	nes 11a-11d, 11f-24	le)			L	186,675.	359,675.
	18				t equal Part IX, colui				<u> </u>	186,675.	359,675.
Lσ	19	Revenue l	ess expenses. S	Subtract line	18 from line 12	<u></u>		<u></u>		136,400.	212,309.
Net Assets or Fund Balances	••								Beginn	ing of Current Year	End of Year
Bala	20	Total asse	ts (Part X, line 16	⁵⁾	• • • • • • • • •	• • • • • • •				263,223.	484,462.
et A Ind I	21									31,871.	40,801.
Z	22			es. Subtract	line 21 from line 20.	<u>.</u>	<u></u>	<u></u>		231,352.	443,661.
	rt II		ure Block		in ad this water in also	41					
Sig Her	n		ature of officer	Treparer (oth	red this reduit, includent in the officer) is base	ed on all inform				Date	nowledge and belief, it is
		1	or print name and	title			·				
•	barer Only	Firm's nam	e 🕨 PIPIA		Prepare Sto HLATKY LLC KO ST BROOK		11216	Date 10/13		Firm's EIN > 26-4	TIN P01403210 4268100 -425-9397
Mav	the I				shown above? (see				[Phone no. 34 /-	
					eparate instruction		<u></u>	• • • • • •	• • • •	<u></u>	X Yes No Form 990 (2012)
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	OPEN S	SOURCE MATTERS, INC.	76-0	803008
Form 990 (2012)				Pa
Part III State	ement of Program Service	Accomplishments		<b></b>
Briefly describ	be the organization's mission	response to any question in this Part III		• • • • • •
ATTACHM				
	<u> </u>			
			·	
2 Did the organ	nization undertake any sign	ificant program services during the ye	ar which were not listed on the	
prior Form 99	0 or 990-EZ?			Yes X
	ribe these new services on §			
3 Did the orga	anization cease conducting	g, or make significant changes in l	now it conducts, any program	
	ribe these changes on Sche	• • • • • • • • • • • • • • • • • • •	•••••	Yes X
4 Describe the	organization's program se	ervice accomplishments for each of i	ts three largest program service	s as measure
expenses. Se	ection 501(c)(3) and 501(c)	(4) organizations are required to rep	ort the amount of grants and al	locations to othe
the total expe	nses, and revenue, if any, fo	r each program service reported.	C .	
a (Code: 5111	.30 ) (Expenses \$	166, 663. including grants of \$	) (Revenue \$	)
		NT MANAGEMENT SYSTEM WHICH	H IS FREE AND	
AVAILABLE	TO ANYONE.			
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b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
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c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
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<u> </u>				
d Other program	n services (Describe in Sche	dule O.)		
(Expenses \$	including gr		\$)	
e Total program	n service expenses 🕨	166,663.		
A 2.000		· · · · · · · · · · · · · · · · · · ·		Form 990 (2

Form	990	(2012)	
		<u> </u>	

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Part	IV Checklist of Required Schedules		×	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		x
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		x
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.			
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? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	· - ·	x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		x
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		x
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			v
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		X
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> 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? <i>If "Yes," complete Schedule F. Parte III and IV</i>	15		X X
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	16 17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		x
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		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
JSA		Form	990	(2012)

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, Par	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			v
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			x
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			x
• •	employees? If "Yes," complete Schedule J	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	240		x
	through 24d and complete Schedule K. If "No," go to line 25	24a		
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	240		
	to defease any tax-exempt bonds?	24c		
d		24d		-
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the user? If lives " complete Schedule L. Part L.	25a		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254		
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		
	If "Yes," complete Schedule L, Part I	200		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Tx
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		x
с				
v	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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			
	sections 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, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			- <del>.</del>
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	X

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			P
	Check if Schedule O contains a response to any question in this Part V			
			Yes	٦
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			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			-
<b>n</b> -	reportable gaming (gambling) winnings to prize winners?	1c		_
za	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			
				•
D	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 <i>e-file</i> (see instructions)		X	<u>,</u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>	X	_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		•
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		_
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
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).			-
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
Ŭ	required to file Form 8282?	7c		
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	<u>~~</u>		-
	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?	76 7f		-
				-
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		-
	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			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			-
	organization, have excess business holdings at any time during the year?	8		-
	Sponsoring organizations maintaining donor advised funds.			-
	Did the organization make any taxable distributions under section 4966?	9a		_
-	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_
0	Section 501(c)(7) organizations. Enter:			
	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 10b			
1	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.)			_
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Enter the amount of reserves on hand	14a		-

Form	990	(201	2)
------	-----	------	----

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			"No"
•	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			aalaa aada
			Yes	No
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			۲
	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			×
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
v	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization sets is a sets in the organization become aware during the year of a significant diversion of the organization sets is a set of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization of the organization become aware during the year of a significant diversion of the organization of t	6		x
7a	Did the organization have members of stockholders?			
1a	one or more members of the governing body?	7a		х
h		-14		
U U	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		х
0	stockholders, or persons other than the governing body?	-70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:		-	x
a		<u>8a</u>		
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			x
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Code	<u> </u>	
0000	on b. Policies (This Section B requests information about policies not required by the internal Revenue	Coue	.) Yes	No
			163	X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>		<b>^</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			x
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a_		^
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	<u>12c</u>		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			, <b>.</b>
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		L
	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			
	with a taxable entity during the year?	<u>16a</u>		X
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		<u> </u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	i01(c)	(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	rest p	olicy.
	and financial statements available to the public during the tax year.			• '
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216 347-425-9397	ne		
	Organization: ▶PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216 347-425-9397			
JSA		Form	990	(2012)

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Form 990 (2012)	OPE	I SOURCE	MATTERS,	INC.		76-0803008	Page <b>7</b>
•	Compensation of Officers Independent Contractors Check if Schedule O contain						
	Officers, Directors, Trustees,			····			
1a Complete organization's	this table for all persons re s tax year.	quired to be	e listed. Rep	ort compensation	for the calendar ye	ar ending with c	or within the

• 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.

			(C)						•	
(A)	(B)	(1	Position (do not check more than one					(D)	(E)	(F)
Name and Title	Average hours per					is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any			•		or/trust		from	related	other
	hours for	9 5	5	0	<u>र</u>	QΞ	1	the	organizations	compensation from the
	related organizations	Individual trustee or director	Officer Instituti		Key employee	nplo	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	dual	ition	٦	mpg	st cc	4	(00-2/1099-0000)		and related
	line)	<b>ี</b> นร	al tr		yee	ompe				organizations
		lee	Institutional trustee			Highest compensated employee				
			ů			ted				
_(1)										
(2)										
_(3)										
_(4)										
_(5)										
	+									
(6)										·
_(7)										
(9)										
_(8)										
							-			
					i					
(10)										
				-						
(11)										
(12)										· · · · · · · · · · · · · · · · · · ·
(13)										
(14)										

Form 990 (2912)	vote op 1/2					and L	استا	haat Companya	ad Employee	0 (00)	Page 8	
Part VII Section A. Officers, Directors, Tr	1	у⊨п	ipic		es, C)	and r	ng	(D)	ed Employee (E)	<u>s (coi</u>	(F)	
(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee					an	Reportable compensation from the	Reportable compensation from related organizations		Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		from the organization and related organizations	
		-										
	<b>+</b>		 									
	+	 										
	+ <b>-</b>	_	-									
		-										
		-										
· · · · · · · · · · · · · · · · · · ·		-			 						· · · · · · · · · · · · · · · · · · ·	
								C		0		
1b Sub-total         c Total from continuation sheets to Part VII, S         d Total (add lines 1b and 1c)	Section A	· · ·	•••	•••	•••	•••			2 2 2	0	 	
2 Total number of individuals (including but not reportable compensation from the organization	limited to t	hose						ceived more than	\$100,000 of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											Yes No 3 X	
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	i If	"Yes	s," (				4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	ı any	un				5 X	
Section B. Independent Contractors			-									
<ol> <li>Complete this table for your five highest com compensation from the organization. Report year.</li> </ol>											s tax	
(A) Name and business ad	· · · · · · · · · · · · · · · · · · ·									(C) Compensation		
		<u> </u>										
0 Tatal aurabas of independents of the							Ĺ					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 0 JSA 2E1055 3.000

Pa	rt VI						
		Check if Schedule O contains a respo	nse to any quest	tion in this Part VIII (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       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines       1a-1f; \$					
	b b	Total. Add lines 1a-1f		0	with the states of the	سابيه الا التيرية ال	
Program Service Revenue	2a b	PUBLISHING ROYALTIES ADVERTISING INCOME	Business Code 511130 541800	 11,214. 250,753.	11,214.	250,753.	
eric	C	SPONSORSHIP	541610	45,522.	45,522.		
ъ К	d	CONFERENCE REGISTRATION INDIVIDUAL DONORS	541610	125,500.	· 125,500.		
graı	e f		541610	3,829. 134,542.	3,829.		
Pro	g	All other program service revenue	└ ►	571,360.	134, 342.		
	3 4 5 6a	Investment income (including dividends, inter- other similar amounts). ATTACHMENT 2 Income from investment of tax-exempt bond p Royalties	···· ►	597. 0 0		597.	
	b c d	(i) Securities	(ii) Other	0			
	7a b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
othe	b c	Less: direct expenses b Net income or (loss) from fundraising events .			-	***	d
0	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					<b>_</b>
	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a		0			
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory.					
		Miscellaneous Revenue	Business Code	0			i
	11a	CURRENCY GAIN		27.		27.	d
	b					21.	
	c				······································		
	d	All other revenue					
	e	Total. Add lines 11a-11d		27.			
	12	Total revenue. See instructions	<u></u> <b>⊳</b>	571,984.	320,607.	251,377.	

Part IX Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations m	ust complete all columr	ns. All other organizatio	ns must complete colur	mn (A).
	Check if Schedule O contains a resp			•••••	
	o not include amounts reported on lines 6b, 7b, , 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 $\ .$	0			
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	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		:		
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
í	Management	0			
I	🗘 Legal	28,902.		28,902.	
(	Accounting	14,423.		14,423.	
(	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	f Investment management fees	0			
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.).	0			
12	Advertising and promotion	0			
13	Office expenses	1,351.		1,351.	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	46,812.	46,812.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	116.255	110 055		
19	Conferences, conventions, and meetings	116,355.	116,355.		
20	Interest	0			
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization	711.	711.	1 100	
23	Insurance ATCH 4.	1,100.		1,100.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	TAXES-FED, NYS & NYC	102 001		102 001	
	BANK SERVICE CHARGES	103,091. 880.		103,091. 880.	
	HOSTING EXPENSE	2,295.	2,295.		
	MADKETTIC	34,726.	2,293.	34,726.	
		9,029.	490.	8,539.	
	All other expenses	359,675.	166,663.	193,012.	
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the		100,003.	193,012.	
	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)	0			
		U			

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Page 11

Form 990 (2012) Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X ..... (A) (B) Beginning of year End of year 476,481. 262,326. Cash - non-interest-bearing 1 1 Savings and temporary cash investments 0 2 2 0 Pledges and grants receivable, net С 3 3 Accounts receivable, net 0 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 d 5 Loans and other receivables from other disgualified persons (as defined under section 6 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 õ q organizations (see instructions). Complete Part II of Schedule L 6 Assets 0 Notes and loans receivable, net ſ 7 7 0 ſ 8 8 n 7,795. 9 9 10 a Land, buildings, and equipment: cost or 7,422. other basis. Complete Part VI of Schedule D 10a 7,236. 897. 186. 10c 0 11 Investments - publicly traded securities 11 0 Investments - other securities. See Part IV, line 11 C 12 12 Ō Investments - program-related. See Part IV, line 11 ſ 13 13 0 Intangible assets 14 14 ō 15 15 Other assets. See Part IV, line 11 263,223. 484,462. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . 40,801. Accounts payable and accrued expenses 31,871. 17 17 0 Grants payable 18 18 ō Deferred revenue 19 19 ō 20 C 20 Tax-exempt bond liabilities 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0 0 disqualified persons. Complete Part II of Schedule L 22 0 Secured mortgages and notes payable to unrelated third parties 23 23 0 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 of Schedule D Total liabilities. Add lines 17 through 25.... 40,801. 31,871. 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 🛛 and complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 231,352. 443,661. 27 27 28 Temporarily restricted net assets 0 28 Fund 1 0 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and P complete lines 30 through 34. Assets Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net . 443,661. 33 231,352. Total net assets or fund balances 33 Total liabilities and net assets/fund balances.... 263,223. 484,462. 34 34

	OPEN SOURCE MATTERS, INC.	70	-080.	5000		
Form 9	90 (2012)				Pa	ge <b>12</b>
. Part	XI 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		5	•	984.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	59,	675.
3	Revenue less expenses. Subtract line 2 from line 1	3			•	309.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	31,	352.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>33, column (B)) </u>	10		4	43,	661.
Part						
	Check if Schedule O contains a response to any question in this Part XII	•••	• • • •	•••		
					Yes	No
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," e	explair	n in			
•	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•••		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npilec	lor			
	reviewed on a separate basis, consolidated basis, or both:					-
	Separate basis Consolidated basis Both consolidated and separate basis			<b>.</b>		·
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a			
	separate basis, consolidated basis, or both:					-
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over					
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e	explai	n in			
-	Schedule O.			-		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forti	n in			
	the Single Audit Act and OMB Circular A-133?	•••	• • •	<u>3a</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
<u> </u>	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b		

Form 990 (2012)

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SCHEE	OULE	D
.(Form	990)	

Department of the Treasury

# **Supplemental Financial Statements**

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.

OMB No. 1545-0047
2012
Open to Public
Inspection

	nal Revenue		► Attach te	o Form 990.	. 🕨 See sepa	arate	instructions.			Insp	ection	<u>j</u>
Nam	e of the org	anization						Em	ployer identif	ication num	nber	
OPI	EN SOU	RCE MATT	TERS, INC.						76-0803	8008		
Ра	rtl	Organizat organizati	tions Maintaining Donor Ad	vised Fund 990, Part I	ds or Other V, line 6.	Sim	ilar Funds o	r Acc	ounts. Co	mplete i	f the	
					(a) Donor advis	sed fu	unds		(b) Funds a	nd other ad	counts	
1	Total n	umber at er	nd of year									
2			utions to (during year)									
2 3			from (during year)									
-												
4 5			t end of year	· · · · · · · · · · · ·			<u>_</u>					
5			on inform all donors and dono									٦
-			nization's property, subject to t							. Ш Ү	es 🔄	_ No
6			on inform all grantees, donors,			-	-					
			purposes and not for the bene				•		• •	<b>[]</b>	[	-
	conferr	ing imperm	issible private benefit? tion Easements. Complete			<u></u>			<u></u>	<u>. Ц ү</u>	es	No
								orm §	990, Part l	V, line 7.		
1	Purpos	e(s) of con	servation easements held by t	ne organizati	on (check all	that a	apply).					
	Pi	reservation	of land for public use (e.g., red	creation or e	ducation)		Preservation of	of an I	historically	important	land a	rea
	Pi	rotection of	natural habitat		-		Preservation of					
	Pi	reservation	of open space									
2	Comple	ete lines 2a	through 2d if the organization	held a quali	fied conserva	ation	contribution ir	n the f	orm of a co	onservatio	on	
			ast day of the tax year.									
									Held at t	he End of	the Tax	Year
а	Total n	umber of co	onservation easements					2a				
b			ricted by conservation easement					2b				
С			vation easements on a certifie									
d			vation easements included in (									
			sted in the National Register.					_2d				
3			vation easements modified, tra						w the organ	aization du	uring the	
5		r ►		ansieneu, ie	eleased, extil	iguis	sneu, or termin	iateu i	by the organ	lization of	ung un	9
4	•			on ation on	noment in lass	ata d						
4 5			where property subject to constitute particulation bases a written palieu reas									
0			tion have a written policy rega							<b>—</b>	. r-	٦
~			orcement of the conservation of								es L	No
6	Stall al	ia voluntee	r hours devoted to monitoring,	inspecting,	and enforcing	g co	nservation eas	semer	nts during th	e year		
_	▶				<i>.</i> .							
7		t of expense	es incurred in monitoring, insp	ecting, and	enforcing cor	nserv	ation easeme	nts du	uring the yea	ar		
_												
8			vation easement reported on I									-,
	(i) and	section 170	(h)(4)(B)(ii)?							. Шү	es 🗋	No
9	In Part	XIII, descril	be how the organization report	s conservat	ion easemen	its in	its revenue an	d expe	ense statem	ent, and		
			d include, if applicable, the text		note to the or	gani	zation's financ	cial sta	atements the	at describ	es the	
			ounting for conservation easen									
Ра	rt III	Organizat	tions Maintaining Collection	ns of Art, H	listorical Tr	easi	ures, or Othe	er Sim	nilar Asset	ts.		
			if the organization answere									
1a	If the o	organization	elected, as permitted under	SFAS 116 (	ASC 958), n	ot to	report in its	reven	ue stateme	ent and b	alance	shee
	works	of art, histo service prov	elected, as permitted under orical treasures, or other sim vide, in Part XIII, the text of the	ilar assets	held for pub	olic e	exhibition, edu	cation	n, or resea	arch in fu	Irthera	nce o
h	If the	organization	n elected, as permitted under		ASC OFON		roport in ite -		s ulese ilen	nt cn-1 -	alanar	<b></b>
U	works	of art. histo	orical treasures, or other sim	ilar assets	held for pub	lic e	whibition edu	evenu	ie stateme	arch in fi	alance	snee
	public s	service, prov	vide the following amounts relation	ating to thes	e items:			1041101	1, 01 10300		a unerai	
			uded in Form 990, Part VIII, line							\$		
			d in Form 990, Part X									
2			n received or held works of									
-			required to be reported under							oiai yaiii,	PLONE	26 UIE
а	Reven	les includer	d in Form 990, Part VIII, line 1			aung		J.	•	¢		
Ď	Assets	included in	Form 990, Part X	 		•••		•••		Ψ \$		
	Paperwor	k Reduction	Act Notice, see the Instructions	or Form 990						Ψ chedule D		
JSA	-								0.		,, V	,
68 1.(	000											

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Schee	lule D (Form 990) 2012												age 2
Par	t III Organizations Maintaini	ng Colle	ections of	f Art, His	torical	Freasu	res,	or Ot	her Simi	lar Asso	ets (cor	ntinu	ed)
3	Using the organization's acquisition collection items (check all that apply		sion, and c	other recor	ds, checł	c any o	f the	follow	ving that a	are a sigr	nificant u	ise o	f its
а	Public exhibition			d	Loan d	or excha	ande	program	ns				
b	Scholarly research			e									
c	Preservation for future gener	ations		• [	] =								
4	Provide a description of the organ		collections	and expla	in how t	hev fur	ther	the or	anization	's exemp	t purpos	e in	Part
•	XIII.					,				•	• •		
5	During the year, did the organizatio	n solicit d	or receive c	Ionations o	f art. histe	orical tr	easu	res. or (	other simi	lar			
•	assets to be sold to raise funds rath										Yes		No
Par	t IV Escrow and Custodial A					janizat	ion a	answei	red "Yes"	to Forn	n 990,	Part	IV,
	line 9, or reported an am	ount on	Form 990	, Part X, I	ne 21.								
1a	Is the organization an agent, trustee												٦.
	included on Form 990, Part X?		• • • • • •		• • • • •					L	Yes		No
b	If "Yes," explain the arrangement in	Part XIII	and compl	ete the follo	owing tab	ole:							
									Α	mount			
	Beginning balance												
	Additions during the year												
e	Distributions during the year												
T	Ending balance									r			
	Did the organization include an am							 	in Dort VIII	•••• L	Yes		No
	If "Yes," explain the arrangement in										<u></u> .		I
Par	t V Endowment Funds. Com							rm 990 rs back		, III 10. years back	(e) Four	voorel	back
10	Beginning of year balance	(a) Cu	rrent year	(b) Prio	ryear	(C) 1W	o year	S DACK	(a) Inree	years back		years	DACK
1a ⊾	Contributions												
b													
C	Net investment earnings, gains, and losses		ľ										
ы	Grants or scholarships												
	Other expenditures for facilities									· · · · · · · · · · · · · · · · · · ·			
e	and programs												
f	Administrative expenses												
q	End of year balance		· · · · · · · · · · · · · · · · · · ·										
2	Provide the estimated percentage of	of the cur	rent vear e	nd halance	(line 1a	columr	(a))	held as					
a	Board designated or quasi-endowr				(inte 19,	oolann	(u))		•				
b	Permanent endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~											
c	Temporarily restricted endowment		%										
	The percentages in lines 2a, 2b, an			00%									
3a	Are there endowment funds not in		•		tion that	are hel	d and	d admir	nistered for	the			
	organization by:										ſ	Yes	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" to 3a(ii), are the related org										3b		
4	Describe in Part XIII the intended u			•							h1-		
Par	t VI Land, Buildings, and Equ		and the second se										
	Description of property			other basis tment)	(b) Cost ( (C	or other ba other)	asis		cumulated reciation	(	d) Book va	lue	
1a	Land												
b	Buildings	• • • •											
c	Leasehold improvements	• • • •											
d	Equipment												
	Other												
Tota	I. Add lines 1a through 1e. (Column	(d) must	t equal Form	n 990, Part	X, columi	n (B), lir	ne 10	(c).) <b></b>	>				

Schedule D (Form 990) 2012

Schedule D (F				Page 3
Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	lion: ket value
(1) Financia	al derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(C)				
(D)				
(E)				
(F)				
<u>(G)</u>				
<u>(H)</u>				
(I) T-t-L (O-L				
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)	 Form 000 Dort V liv	12	
Fart VIII	Investments - Program Related. See F			
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4) (5)				
(6)				······
(7)				
(8)				
(9)			· · · · · · · · · · · · · · · · · · ·	<u> </u>
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, I	ine 15.		····
		) Description		(b) Book value
(1)	······································			
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				-
(10)				
	umn (b) must equal Form 990, Part X, col. (B)		<u></u>	
Part X	Other Liabilities. See Form 990, Part >			
<u>1.</u>	(a) Description of liability	(b) Book valu		
	al income taxes			
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)			·····	
(11)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			
	SC 740) Footnote. In Part XIII, provide the text		rganization's financial statements that re	enorts the organization's

Liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedu	le D (Form 990) 2012	Page	÷4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	'n	
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:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	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 4a		
b	Other (Describe in Part XIII.)	-	
c		4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Departed appriance and use of facilities		
b	Prior year adjustments	4	
c	Other losses	4	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d		
3		2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
-			
a L	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с г	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4c	
5		5	
	XIII Supplemental Information	V lines the and Oh.	
Part V inform	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ation.	v, lines and 20; ovide any additional	

Schedule D (Form 990) 2012

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Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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.



Department of the Treasury Internal Revenue Service Name of the organization OPEN SOURCE MATTERS, INC.

Employer identification number 76-0803008

ATTACHMENT 1

## 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

THE CORE TEAM OF JOOMLA! IS IS FREE AND AVAILABLE TO ANYONE.

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.

			ATTACHMENT 2						
FORM 990, PART VIII - INVESTME	T INCOME								
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE					
INTEREST INCOME	59	97.	597.						
TOTALS	59	97.	597.						

ATTACHMENT 3

## FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

	ENDING
DESCRIPTION	BOOK VALUE
PREPAID EXPENSES	7,795.
TOTALS	7,795.

TOTALS

76-0803008

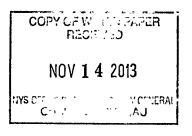
Description of Property							ATTACHME	ENT 4							•
DEPRECIATION														· · · · · · · · · · · · · · · · · · ·	·
Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007	7,422.	100.000			7,422.	6,525.	7,236.	200DB	MQ			5		711.
															<u> </u>
Less: Retired Assets								ļ	,						
Subtotals		7,422.				7,422.	6,525.	7,236.							711.
Listed Property					1		1							p	
Less: Retired Assets			4						1						
Subtotals			-					ļ							· · · · · · ·
TOTALS		7,422.				7,422.	6,525.	7,236.							711.
AMORTIZATION		0													
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life					Current-year amortization
			1												
			1											:	
			1							<u> </u>					
			1												
TOTALS			1												

2012

*Assets Retired JSA 2X9024 1.000

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	Me-	Conv	Life	ACRS class	MA CRS	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007		100.000	111 04515	Reduction	7,422.	6,525.	7,236.	20000	MQ	LIIC	101035	5	expense	<u>depreciation</u> 71
COMPOTER HARDWARE	12/07/2007	1,922.	100.000			1,422.	6,525.	1,230.	20006	MQ			5		
							· · · · · ·		<u> </u>						
					· · · · ·										
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		· ·													
Less: Retired Assets								[]							
Subtotals		7,422.				7,422.	6,525.	7,236.							71
Listed Property	•••••		I											<u> </u>	
							<u> </u>								
						·····									
Less: Retired Assets									1					I	
Subtotals				· · · · · · · · · · · · · · · · · · ·											
TOTALS.		7,422.				7,422.	6,525.	7,236.							71
AMORTIZATION	Date	Cost						<b>Fadia</b> s							
	placed in	or					Accumulated	Ending Accumulated amortization							Current-year
Asset description	service	basis					amortization	amortization	Code	Life	_			-	amortization
														Ļ	
							L							Ļ	
			ļ												
														ſ	
TOTALS											_				
Assets Retired															

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