PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216

OPEN SOURCE MATTERS, INC. PO BOX 4668 # 88354 NEW YORK, NY 10163-4668

DEAR CLIENT:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS FOR THE PERIOD ENDED DECEMBER 31, 2013 FOR:

OPEN SOURCE MATTERS, INC. AS FOLLOWS...

- 2013 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
- 2013 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION
- 2013 NEW YORK FORM 500 ANNUAL FINANCIAL REPORT

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

DANIELLE HLATKY CPA PIPIA COHEN HLATKY LLC

PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216

INSTRUCTIONS FOR FILING
OPEN SOURCE MATTERS, INC.
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2013

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER. YOU MUST ALSO SELECT AND ENTER A FIVE DIGIT PERSONAL IDENTIFICATION NUMBER FOR THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN NY 11216

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2014. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

AF	or th	e 201	3 calendar year, or t	ax year beg	inning		, 201	ა, ar	na er	iaing	_			, 2				
Во	neck if ap	oplicable.	C Name of organization									Employer id			nber			
	_		OPEN SOURCE I	MATTERS,	INC.						76-0803008							
	Addre chang		Doing Business As															
	Name	change	Number and street (or I	P.O. box if mail	s not delivered to	o street ad	dress)	Ro	om/su	ite	E '	Telephone r	numbe	r				
	Initial	return	PO BOX 4668 # 88354									() –						
	Terminated City or town, state or province, country, and ZIP or foreign postal code																	
	Amen return		NEW YORK, NY		568						G	Gross receip	ots \$		709,087			
	Applio pendi		F Name and address of p	orincipal officer:	PAUL (ORWIG					H(a)	Is this a gro subordinates		ırn for	Yes [X No		
	PO BOX 4668 #88354 NEW YORK, NY 10163-4668									H(b)	Are all subor		ncluded?	Yes	No			
Ι.	Tax-ex	empt st	atus: 501(c)(3)	501(c) () 《 (ins	sert no.)	4947(a)(1) or		527		If "No," atta	ch a lis	t. (see instru	ctions)			
J	Websi	te: 🕨	WWW.JOOMLA.ORG	1					•		H(c)	Group exem	nption n	number 🕨				
K	Form o	of organ	nization: X Corporation	Trust	Association	Othe	r >		L Ye	ear of forma	ation:	2005 M	State	of legal do	omicile:	NY		
Pa	art I	Sui	mmary			•						•						
	1	Briefly	y describe the organizat	tion's mission	or most signifi	icant activ	ities: OPEN	SOU	JRCE	WEB E	BASE	D CONT	'ENT	' MANA	GEMEN	IT S		
မွ		·																
and																		
ern	2	Check	k this box	organization	discontinued	its opera	tions or dispos	ed o	f more	 e than 25%	 % of it	s net asset	 S.					
Governance			per of voting members of	-									3					
			er of independent voting										4					
Activities &			number of individuals e										5			0		
Ξ			number of volunteers (es				.,						6					
Aci			unrelated business rever										7a		202,	456.		
			nrelated business taxable										7b			0		
		1101 01	meiatea basiness taxabi	ne income non	11 01111 000 1,	11110 0-1		<u></u>				ior Year	1.2	Cur	rent Ye	ar		
	8	Contri	ibutions and grants (Part	t VIII line 1h)									0			0		
ne			ibutions and grants (Part									571,36	-		708	400.		
Revenue	10	Progra	am service revenue (Part	t viii, line 2g)		7 al\							97.		700,	687.		
& B			tment income (Part VIII,										27.			007.		
			revenue (Part VIII, colu									571,98			700	087.		
			revenue - add lines 8 th									3/1,90	0		709,	007.		
			s and similar amounts pa										0			0		
					olumn (A), line 4) enefits (Part IX, column (A), lines 5-10)						0							
Expenses											0				0			
eus	16a	Profes	ssional fundraising fees	(Part IX, colun	nn (A), line 116	e)							0			0		
Ä			fundraising expenses (Pa									250 65	,_		C 1 2	000		
			expenses (Part IX, colu									359,67				908.		
			expenses. Add lines 13-									359,67				908.		
_ s	19	Rever	nue less expenses. Subt	tract line 18 fro	om line 12							212,30				179.		
Net Assets or Fund Balances										Begii	nning	of Current		End	d of Year			
sse			assets (Part X, line 16)									484,46				458.		
P A P			liabilities (Part X, line 26)	,								40,80				618.		
			ssets or fund balances.	Subtract line 2	21 from line 20	<u>)</u>		<u> </u>				443,66	1.		508,	840.		
	rt II		gnature Block															
Unc	ler per . corre	nalties o	of perjury, I declare that I h complete. Declaration of pr	have examined reparer (other th	this return, inclu an officer) is bas	uding acco sed on all i	empanying scheen nformation of when the contract of the contr	dules hich r	and storepare	tatements, er has anv k	and to knowle	o the best o edae.	f my	knowledge	and be	ilef, it is		
	·	Ì	<u> </u>		,			•				Ĭ						
Sig	n		0: / //															
Her			Signature of officer									Date						
1161	C																	
			Type or print name and title	e 								-						
Paid		Print/	Type preparer's name		Preparer's si	gnature			Date			Check X	ا اif ا	PTIN				
Prep		DAN	IELLE HLATKY									self-employ			0321	0		
•	Only	Firm's	sname ▶PIPIA CO	HEN HLAT	KY LLC						Firm	ı's EIN ▶ 2	26-4	126810	0			
		Firm's	s address ▶195 KOSC	CIUSZKO S	T BROOKL	YN, NY	11216				Pho	ne no.	347-	-425-9	397			
Мау	the II	RS dis	cuss this return with the	e preparer sho	wn above? (se	e instruct	ions)							. Х ү	'es	No		
For	Pape	rwork	Reduction Act Notice,	see the separ	ate instruction	ns.								For	m 990	(2013)		

Form 990 (2013) Page 2 Part || Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III	. 🔲							
1	Briefly describe the organization's mission:								
	ATTACHMENT 1								
_	Did the organization undertake any significant program services during the year which were not listed on the								
2		X No							
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program								
3	services? Yes	X No							
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to								
	the total expenses, and revenue, if any, for each program service reported.								
4a	(Code:) (Expenses \$444,651 including grants of \$) (Revenue \$505,944))							
	OPEN SOURCE WEB BASED CONTENT MANAGEMENT SYSTEM WHICH IS FREE AND								
	AVAILABLE TO ANYONE.								
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))							
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))							
4d	Other program services (Describe in Schedule O.)								
	(Expenses \$ including grants of \$) (Revenue \$)								
4e	Total program service expenses ▶ 444,651.								

Part	t IV 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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	_		
U	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,	-		- 21
′		7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		21
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		Δ.
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			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0		3.7
	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,			
	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	Х	
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
С	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		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? If "Yes," complete Schedule D, Part IX	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)? If "Yes," complete Schedule D, Part X	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
14 a	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			
	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 other assistance to or			
	for any foreign organization? 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 other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
		20b		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
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			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
	Schedule L. Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
20	•	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	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,	24		v
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38		X

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	F -		v
	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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C -		v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD.		
7	• • • • • • • • • • • • • • • • • • • •			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		
h	and services provided to the payor? 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	7.5		
·	required to file Form 8282?	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year	-		
	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		
_	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5		
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 13b			
	Enter the amount of reserves on hand	4.1.		7.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	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 <u>1b</u>	- 1		
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			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		v
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			X
_	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.		X
a	The governing body?	8a 8b		<u>X</u>
ь 9	Each committee with authority to act on behalf of the governing body?	30		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	e.)	
	The second of th		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
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?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	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?	16a		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?	401		
Soct	ion C. Disclosure	16b		
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 available for public inspection. Indicate how you made these available. Check all that apply.	1 501(0	;)(3)S	oniy)
	Own website Another's website Upon request Other (explain in Schedule O)			
10		orost	aclia:	, and
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	Julicy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	he		
20	Organization: Pripria cohen hlatky llc 195 kosciuszko st brooklyn, ny 11216 347-425-9397	ı ı C		
JSA		Form	990	(2013)

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Part VII

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

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

- 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."

OPEN SOURCE MATTERS, INC.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an amount of hours per compensation compensation from other week (list any officer and a director/trustee) from related compensation the organizations hours for Individual trustee or director Officer Institutional trustee employee Highest compensated from the organization (W-2/1099-MISC) related organization employee (W-2/1099-MISC) organizations and related below dotted organizations line) __(1)______ (3)_____ _(4)_____ _ (7)______ (10) (12) (13)_____ (14)

Form **990** (2013)

JSA.

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es, a	and F	lig	hest Compensat	ed Employees	(continued)
(A) Name and title	Average Posit hours per week (list any hours for officer and a di			(C) Position (do not check more than box, unless person is both officer and a director/trus			an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	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-MISC	organization and related organizations
1b Sub-total								C		0 0
c Total from continuation sheets to Part VII, S							•	0		0 0
d Total (add lines 1b and 1c)	limited to t	nose	iste			e) who	o re	ceived more than	\$100,000 of	0 0
reportable compensation from the organization		(,							Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual.	eater than	\$15	0,0	00?	lf .	"Yes	n aı s,"	nd other compens complete Schedu	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes										5 X
Section B. Independent Contractors										
 Complete this table for your five highest com compensation from the organization. Report c year. 										
(A) Name and business add	Iress							(B) Description of se	ervices	(C) Compensation

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

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to a	ny line in this Part \	VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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: \$					
	h	Total. Add lines 1a-1f		0			
nue			Business Code				
Ver	2a	PUBLISHING ROYALTIES	511130	23,728.	23,728.		
Re	b	ADVERTISING INCOME	541800	201,769.		201,769.	
Ş	c	SPONSORSHIP	541610	198,469.	198,469.		
Program Service Revenue	d	CONFERENCE REGISTRATION	541610	121,085.	121,085.		
E	e	INDIVIDUAL DONORS	541610	1,089.	1,089.		
g	f	All other program service revenue		162,260.	162,260.		
Pro	g	Total. Add lines 2a-2f		708,400.			
	3 4 5	Investment income (including dividends, interest other similar amounts). ATTACHMENT 2 Income from investment of tax-exempt bond in Royalties.	proceeds •	687.		687.	
	3	(i) Real	(ii) Personal	Ü			
	6a	Gross rents	,,				
	b	Less: rental expenses					
		Rental income or (loss)					
	c d	Net rental income or (loss)	•	0			
		(i) Securities	(ii) Other	Ü			
	7a	Gross amount from sales of					
		Less: cost or other basis					
	b						
		and sales expenses					
	c d	Gain or (loss)		0			
a)		Gross income from fundraising		Ü			
Other Revenue	8a	· ·					
Ş		events (not including \$ of contributions reported on line 1c).					
Re		See Part IV, line 18					
e	h	Less: direct expenses b					
Ĭ.	b C	Net income or (loss) from fundraising events		0			
J		Gross income from gaming activities.					
	Ja	See Part IV, line 19					
	b	Less: direct expenses					
	C	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
	1.00	returns and allowances					
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory	· >	0			
		Miscellaneous Revenue	Business Code				
	11a	CURRENCY GAIN					
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	,	0			
	12	Total revenue. See instructions		709,087.	506,631.	202,456.	

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).

Check if Schedule O contains a response or note to any line in this Part IX								
	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						
	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						
	Pension plan accruals and contributions (include section							
	401(k) and 403(b) employer contributions)	0						
9	Other employee benefits	0						
10	Payroll taxes	0						
	Fees for services (non-employees):							
а	Management	0						
b	Legal	28,191.		28,191.				
c	Accounting	8,000.		8,000.				
d	Lobbying	0						
е	Professional fundraising services. See Part IV, line 17.	0						
f	Investment management fees	0						
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	0		44 500				
12	Advertising and promotion	44,522.		44,522.				
	Office expenses	1,540.		1,540.				
	Information technology	718.		718.				
15	,	0						
	Occupancy	58,673.						
	Travel	30,0/3.	58,673.					
ıŏ	Payments of travel or entertainment expenses for any federal, state, or local public officials	0						
10	Conferences, conventions, and meetings	355,581.	355,581.					
	Interest	0						
	Payments to affiliates	0						
	Depreciation, depletion, and amortization	0						
	Insurance ATCH 4	1,204.	1,204.					
	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.)							
а	TAXES-FED,NYS & NYC	107,854.		107,854.				
b	BANK SERVICE CHARGES	881.		881.				
	HOSTING_EXPENSE	1,155.	1,155.					
d	PROCESSING_FEES	6,112.		6,112.				
е	All other expenses	29,477.	28,038.	1,439.				
	Total functional expenses. Add lines 1 through 24e	643,908.	444,651.	199,257.				
26	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)	_						
		0						

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Part X Balance Sheet

		Charle if Cahadula O contains a reconomos as		to any line in this Da	rt V		
_		Check if Schedule O contains a response or	note	to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			476,481.	1	538,154.
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net	0	4	7,118.		
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as	s defined under section			
		and sponsoring organizations of section 501(c)(9) volu					
s		organizations (see instructions). Complete Part II of Sche	edule L		0	<u> </u>	0
Assets	7	Notes and loans receivable, net			0	-	0
As	8	Inventories for sale or use Prepaid expenses and deferred charges			0		0
	9			ATCH 3	7,795.	9	0
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			186.		186.
	11	Investments - publicly traded securities			0		0
	12	Investments - other securities. See Part IV, line 11			0		0
	13	Investments - program-related. See Part IV, line 11				13	0
	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			484,462. 40,801.	_	545,458. 36,618.
	17	Accounts payable and accrued expenses	40,801.		36,618.		
	18 19	Grants payable			0		
	20	Deferred revenue			0		
"	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	0		0		
Liabilities	22	Loans and other payables to current and for				21	0
ig		trustees, key employees, highest compen					
Ë		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			0		0
	24	Unsecured notes and loans payable to unrelated			0	_	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			40,801.	26	36,618.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ▶ X and			
anc	27	Unrestricted net assets			443,661.	27	508,840.
3ali	28	Temporarily restricted net assets			0	28	0
힏	29	Permanently restricted net assets			0	29	0
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.), chec	k here 🕨 🗌 and			
ts c	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equ				31	
Ä	32	Retained earnings, endowment, accumulated incomment				32	
Net	33	Total net assets or fund balances			443,661.	33	508,840.
	34	Total liabilities and net assets/fund balances		<u> </u>	484,462.	34	545,458.

Ullil 93	0 (2013)			1 0	ige I Z	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		709,	087.	
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3			179.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		443,	661.	
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					
	33, column (B))	10		508,8	840.	
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent account	-	20	;		
	If the organization changed either its oversight process or selection process during the tax year, or		in			
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i	in			
	the Single Audit Act and OMB Circular A-133?		3a	ı		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	dergo th	ne			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	,		

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

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.

CONFERENCES, LEGAL AND PROFESSIONAL SUPPORT.

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

			ATTACHMENT 2	
FORM 990, PART VIII - INVESTMENT INCOME				
	(A) TOTAL	(B) RELATED OR	(C) UNRELATED	(D) EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST INCOME	68	7.	687.	
TOTALS =	68	7.	687.	

ATTACHMENT 3

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

PREPAID EXPENSES

TOTALS

2013

Description of Property							ATTACHMENT 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-	Conv.	Life	ACRS	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007		100.000			7,422.	7,236.	7,236.	20008	MQ		-	5	0.140.1100	
COLL OT BIT THIRD WINE	227 017 2007	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200.000			7,1221	,,2301	7,2301	DOUBL	110			Ĭ		
Less: Retired Assets			_						_						
Subtotals		7,422.				7,422.	7,236.	7,236.							
Listed Property						1									
Less: Retired Assets			-						1						
Subtotals	<u>.</u>		-												
TOTALS		7,422.				7,422.	7,236.	7,236.							
AMORTIZATION	T D /														
	Date placed in	Cost or					Accumulated	Ending Accumulated amortization							Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization
			-								_				
			-												
TOTALS		ļ													

*Assets Retired JSA 3X9024 1.000

4/2/2014 12:03:07 PM V 13-4.1F PAGE 19 OPEN SOURCE MATTERS, INC.

Description of Property

DEPRECIATION Beginning Ending Accumulated Accumulated depreciation depreciation Conv. Unadjusted Cost ACRS CRS class Current-year 179 Date 179 exp. Bus. Basis for Current-year placed in reduction Basis Reduction depreciation Life depreciation Asset description service or basis % in basis expense 7,422. 100.000 7,236. 200DB MQ COMPUTER HARDWARE 12/07/2007 7,422. 7,236. Less: Retired Assets Subtotals 7,422. 7,422. 7,236. 7,236. Listed Property Less: Retired Assets TOTALS............. 7,422 7,422. 7,236. 7,236. **AMORTIZATION** Date Cost Accumulated Accumulated amortization Code Current-year placed in or Asset description Life amortization service basis

2013

*Assets Retired JSA 3X9024 1.000

TOTALS...........

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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

2013

Open to Public Inspection

ornat oro and ornat ooo,		map://www.cmamacomyc.com			•			
1. General Information								
a. For the fiscal year beginning (m	m/dd/yyyy) / 2	0 1 3 and ending (mm/dd/yyyy)		_				
b. Check if applicable for NYS: Address change	c. Name of organization OPEN SOURCE	MATTERS, INC.		 d. Fed. employer ID no. (EIN) (##-#######, 76 – 0803008 e. NY State registration no. (##-##-##) 				
Name change			e. NT State registration no. (##-##-##)					
Initial filing Final filing		or P.O. box if mail not delivered to street address)	f. Telephone number					
Amended filing	PO BOX 4668 City or town, state or		g. Email					
NY registration pending	•	7,10163-4668						
	NEW TORRE, IVI	1,10103 1000		J				
2. Certification - Two Signatu	res Required							
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.								
a. President or Authorized Officer		Signature Printed Name			Date			
b. Chief Financial Officer or Treas	. Signature	Printed Name	Printed Name					
3. Annual Report Exemption I	nformation							
Check \(\bigcap \) if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 \(\frac{\text{and}}{\text{the organization}} \) the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. \(\begin{align*} \text{NOTE:} \) An organization may claim this exemption if no PFR or FRC was used \(\frac{\text{and}}{\text{eight}} \) either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal \(\frac{\text{and}}{\text{contributions}} \) from other sources did not exceed \$25,000 \(\frac{\text{or}}{\text{eight}} \) 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A. \(\begin{align*} \text{b.} \) EPTL annual report exemption (EPTL registrants and dual registrants) \(\text{Check} \(\begin{align*} \text{ if gross receipts did not exceed \$25,000 \(\frac{\text{and}}{\text{and}} \) assets (market value) did not exceed \$25,000 \(\text{at any time during this fiscal year.} \) \(\text{For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. \(\text{Do not} \) submit a fee, \(\frac{\text{do not}}{\text{complete}} \) the following schedules and \(\frac{\text{do not}}{\text{submit any attachments to this form.} \)								
4. Article 7-A Schedules								
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year: a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? * If "Yes", complete Schedule 4a. b. Did the organization receive government contributions (grants)? * If "Yes", complete Schedule 4b.								
5. Fee Submitted: See last page for summary of fee requirements.								
Indicate the filing fee(s) you are a. Article 7-A filing fee b. EPTL filing fee c. Total fee	submitting along with th	sis form:\$\$\$\$\$\$	l fee, payab	le to "NYS Dep	ney order for the partment of Law"			
6. Attachments - For organizat	ions that are not claimi	ing annual report exemptions under both lav	vs, see last pa	ge for required atta	achments → → →			

1 CHAR500 - 2013

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