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

Open to Public Inspection

, 20

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

▶ 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.

, 2014, and ending

В	Check if a	pplicable:			organization	13 MMDD	О Т	·MO								DE	mployer			n num	ber		
OPEN SOURCE MATTERS, INC. /0-0803										5030	108												
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L	-	return			X 4668 #											()						_
L	Final termin	return/ nated	City	or to	wn, state or pro	ovince, co	untry, a	nd ZIP or f	foreign p	ostal co	de												
L	Amen returr		NE	W Y	ORK, NY	10163	-466	8								G	Gross re	ceipts	\$		552	,70	4
	Applio pendi		F Nam	e and	d address of pr	incipal offic	cer:	PAUL	JORW	IG						H(a	Is this a subordin		return fo	r	Yes	X	No
		-	PO	ВО	X 4668 #	88354	NEW	YORK	, NY	101	63-4	668				H(b	Are all su		tes include	d?	Yes		No
ı	Tax-ex	empt sta	atus:		501(c)(3)	501	(c) () ◀	(insert n	10.)	494	7(a)(1) o	r	5	527	1	If "No,"	attach a	a list. (se	e instru	ctions)		
J	Websi	te: 🕨	WWW.	JOC	MLA.ORG											H(c) Group e	xemptic	on numb	er 🕨			
K	Form	of organ	ization:	Х	Corporation	Trust		Association	n	Other	>		L	Year	of forma	tion:	2005	M St	ate of I	egal do	omicile:	N	JY
	Part I		mmar		о от розили	1	1											-		- 9			<u> </u>
_					he organization	on's miss	sion or	most sig	nificant	octiviti	oc: 01	OFN S	OTTRO	ידי	WEB B	Z Z C E	ים כס	וקידו	M	ΔΝΔ	ZEMEN	ידה	
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				_	members of	-	_											. –	3				
A ctivition &	4	Numb	er of in	depe	endent voting	membei	rs of th	ne govern	ning bo	dy (Par	t VI, lin	e 1b)						. 4	4				
	5	Total r	numbe	r of i	ndividuals en	nployed i	n cale	ndar year	2014 (Part V,	line 2a	n)							5				0
7	6				olunteers (es														6				
2	7a				usiness reven														'a		190,	222	2.
					siness taxable														'b				
	- 5	ivet ui	II Clate	J Dus	silless taxable	e income	1101111	01111 990	-1, 11110	J4				• •			ior Yea		_	Cur	rent Ye	ar	_
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9	8				d grants (Part														<u> </u>				
Dovodillo	9				evenue (Part												708,		_		550,		
ò	10	Invest	ment ir	ncom	ne (Part VIII, d	column (A	۹), line	s 3, 4, an	nd 7d)									687	•		1,	87	<u>9.</u>
_	11	Other	revenu	ıe (P	art VIII, colur	nn (A), lir	nes 5,	6d, 8c, 9d	c, 10c, a	and 11e	e)				. L				0				_(
	12	Total r	revenu	e - a	dd lines 8 thr	ough 11	(must	equal Pa	rt VIII, c	column	(A), lin	e 12) .					709,	087			552,	70	$\overline{4}$.
					ar amounts pa														0				_(
					or for member														0				
	4.5																		0				
Evnonsos	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)										0							_				
ģ	i loa	T-4-14	551011a1	- :	iraising rees (i	-4 IV I	/F	(A), IIIE	116)					• •	•	0							_
2	۵ ک				expenses (Pa											643,908.					<u></u>	21/	
					Part IX, colun																655,		
					Add lines 13-						_				_		643,		_		655,		
	19	Reven	ue les	s exp	enses. Subtr	act line 1	8 from	line 12 .									,	179			-102,		5.
s or	82														Begir	nning	of Curre	nt Yea	ar	End	d of Yea	r	
Net Assets	[20	Total a	assets ((Part	X, line 16)												545,	458			435,	460	0.
Ę,	21	Total I	liabilitie	s (Pa	art X, line 26)												36,	618			29,	, 23!	5.
Ž	22				d balances. S												508,	840			406,	. 22!	5.
P	art II	Siç	gnatur	e Bl	ock																		
U	nder per	nalties o	of perjur	y, I d	eclare that I ha	ave exami	ned this	s return, ir	ncluding	accom	panying	schedu	les and	stat	tements, a	and to	the bes	st of m	ny knov	wledge	and be	elief, i	t is
tr	ue, corre	ect, and	complet	e. De	claration of pre	parer (oth	er than	officer) is	based o	n all info	ormatio	n of whic	h prepa	arer	has any k	nowle	edge.						_
Si	gn		Signatu	re of	officer												Date						_
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Pa	id		,, ,	•	r's name			Preparer's	s signati	ле			Date	Ħ			Check		.				
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Ma	ay the I	1			eturn with the						201									Х ү	es		No
																							_

For Paperwork Reduction Act Notice, see the separate instructions.

Г		ment of Program Service A c if Schedule O contains a re	esponse or note to any line in this Par	:	
1		e the organization's mission:			
2			cant program services during the year		
	If "Yes," descri	be these new services on So			
3	services?	_	or make significant changes in		
4	Describe the expenses. Sec	organization's program ser ction 501(c)(3) and 501(c)(vice accomplishments for each of 4) organizations are required to repeach program service reported.		
			_{55,321.} including grants of \$) (Revenue \$	362,482.
	OPEN SOURCE AVAILABLE		MANAGEMENT SYSTEM WHICH	IS FREE AND	
		10 11110112			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d		n services (Describe in Sched			
40	(Expenses \$	including gra		e \$)	

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Form 990 (2014)
Part IV Chacklist of Paguired Schodules

Part	Checklist of Required Schedules		V	N
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			3.7
_	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	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			
	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		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	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,"		3.5	
	complete Schedule D, Part VI	11a	Х	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		Х
_	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		- 21
ű	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	···		
	complete Schedule D, Parts XI and XII.	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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			
23	- · · · · · · · · · · · · · · · · · · ·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		Х
04-	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	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		
d	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), 501(c)(4), and 501(c)(29) 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		X
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 I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
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 "Yes," 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)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		Х
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II	32		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	۱		
• •	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		X
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	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Vaa	. Na
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	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			3.7
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
52	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	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		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12a	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			
13	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 The transport of recognized and hand 13b			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		Λ
	,			

Form 9	990 (2014) OPEN SOURCE MATTERS, INC. 76-0803	8008	Р	age 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management		Yes	No
			res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent.			
b 2	Enter the number of voting members included in line 1a, above, who are independent	-		
2	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			
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	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,			
	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		<u>X</u>
b	Each committee with authority to act on behalf of the governing body?	8b		<u>X</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	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		(د	
	The second of th		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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		37
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			
_				
a	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		
	The organization's CEO, Executive Director, or top management official	15a		
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b		
	The organization's CEO, Executive Director, or top management official			
	The organization's CEO, Executive Director, or top management official	15b		X
16a	The organization's CEO, Executive Director, or top management official			X
16a	The organization's CEO, Executive Director, or top management official	15b		X
16a	The organization's CEO, Executive Director, or top management official	15b		X
16a b	The organization's CEO, Executive Director, or top management official	15b 16a		X
16a b	The organization's CEO, Executive Director, or top management official	16a		
16a b	The organization's CEO, Executive Director, or top management official	16a		
16a b Sect	The organization's CEO, Executive Director, or top management official	16a		

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

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Form **990** (2014)

347-425-9397

PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216

financial statements available to the public during the tax year.

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII.............

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	<u> </u>					٥,	•		<u> </u>		
	(A) Name and Title	(B) Average hours per week (list any hours for	box,	unle: er an	Pos heck ss pe	rson	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) 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-MISC)	from the organization and related organizations
_(1)											
_(2)											
_(3)											
_(4)											
_(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
		1								1	F 000 (004.4)

Form **990** (2014)

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	vee	es,	and F	ligi	hest Compensat	ed Employe	es (co	ntinue	<u>.</u> ed)	ago e
(A) Name and title	(B) Average hours per week (list any hours for related	(do n box, office	ot cl unles	Pos heck ss pe	cition more erson lirect	e than o is both or/truste	ne an ee)	(D) Reportable compensation from the organization	(E) Reportab compensation related organization (W-2/1099-N	on from and disconsions on from the first and disconsions on from the first and disconsions of from the fi		(F) timated tount of other pensatio	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1000 N		and	anization d related unization	l
		-											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-						\	0		0			0 0
Total number of individuals (including but not reportable compensation from the organization)	limited to t		iste		bove	e) who	re	ceived more than	\$100,000 of				
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	ivid	ual							3		Х
4 For any individual listed on line 1a, is the organization and related organizations gro	eater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	sation from t le J for su	he <i>ıch</i>			X
individual	accrue co	mpen	sati	on f	fron	n any	un	related organization			4		
for services rendered to the organization? If "You Section B. Independent Contractors	es, compie	te Scr	ieal	iie J	TOF	sucn	per	son			5		X
Complete this table for your five highest compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	rvices	Со	(C) mpens	ation	
							+						
							+						

JSA 4E1055 1.000 Form **990** (2014)

more than \$100,000 in compensation from the organization \blacktriangleright

2 Total number of independent contractors (including but not limited to those listed above) who received

Part VIII	Statement of Revenue
-----------	----------------------

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	III		
				(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					
	h	Total. Add lines 1a-1f		0			
nue			Business Code				
ě	2a	PUBLISHING ROYALTIES	511130	949.	949.		
ë	b	ADVERTISING INCOME	541800	188,343.		188,343.	
Program Service Revenue	С	SPONSORSHIP	541610	238,982.	238,982.		
Se	d	CONFERENCE REGISTRATION	541610	13,782.	13,782.		
am	е	INDIVIDUAL DONORS	541610	114.	114.		
ogr	f	All other program service revenue		108,655.	108,655.		
<u>-</u>	g	Total. Add lines 2a-2f	<u></u> ▶	550,825.			
	3 4 5	Investment income (including dividen and other similar amounts). ATTACHMENT Income from investment of tax-exempt bond Royalties	proceeds	1,879.		1,879.	
	•	(i) Real	(ii) Personal	U			
	6a b c	Gross rents					
	d	Net rental income or (loss)	▶	0			
	7a	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c d	Gain or (loss)	—	0			
une	8a	Gross income from fundraising		o o			
Other Revenue		events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
ē	b	Less: direct expenses b	1				
౼	C	Net income or (loss) from fundraising events		0			
O		Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0			
		Gross sales of inventory, less		0			
	10a	returns and allowances a	1				
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code	0			
	11a	CURRENCY GAIN					
	b	-					
	С	-					
	d	All other revenue					
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		552,704.	362,482.	190,222.	

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

	Check if Schedule O contains a resp	onse of note to any in	IE III IIIS FAILIA		<u> </u>
	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 domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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			
	Fees for services (non-employees):				
а	Management	0			
b	Legal	85,757.	85,757.		
	: Accounting	2,713.	2,713.		
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
	Investment management fees	U			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0			
	(A) amount, list line 11g expenses on Schedule O.)	40,180.	40,180.		
	Advertising and promotion	8,741.	8,741.		
	Office expenses	6,894.	6,894.		
	Information technology	0,0511			
	Occupancy	0			
	Travel	239,130.	239,130.		
	Payments of travel or entertainment expenses				
. •	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	183,640.	183,640.		
	Interest	0			
	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance ATCH 4	1,300.	1,300.		
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	28,700.	28,700.		
	BANK SERVICE CHARGES	1,378.	1,378.		
	PROCESSING FEES	4,742.	4,742.		
	LICENSES AND PERMITS	100.	100.		
	All other expenses Add lines 1 through 24s	52,044. 655,319.	52,044. 655,319.		
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	000,319.	000,319.		
_,	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0			
		•			1

Part X Balance Sheet

Пе	IIIA	Observit Color dula Oscartaine a management		An amount of the district	t 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			538,154.	1	422,637.
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			7,118.	4	12,637.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
		Complete Dort II of Cohodula I	-		0	5	0
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche	intary i Idule I	employees beneficiary	0	6	0
Assets	7	Notes and loans receivable, net	ouio L		0	7	0
SS	8	Inventories for sale or use			0	8	0
⋖	9	Inventories for sale or use Prepaid expenses and deferred charges		ATCH 3	0		0
	_	Land, buildings, and equipment: cost or					
			10a	7,422.			
	b	Less: accumulated depreciation			186.	10c	186.
	11	Investments - publicly traded securities		-		11	0
	12	Investments - other securities. See Part IV, line 11				12	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	line 3	4)	545,458.		435,460.
	17	Accounts payable and accrued expenses			36,618.	_	29,235.
	18	Grants payable				18	0
	19	Deferred revenue				19	0
	20	Tax-exempt bond liabilities				20	0
Ś	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D		21	0
itie	22	Loans and other payables to current and for					
Liabilities		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	23	0
	24	Unsecured notes and loans payable to unrelated			0	24	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			36,618.	26	29,235.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	there 🕨 🗓 and			
anc anc	27	Unrestricted net assets			508,840.	27	406,225.
3ai	28	Temporarily restricted net assets			0	28	0
Þ	29	Permanently restricted net assets			0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔲 and			
ts (30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equ	ıipmer			31	
Ą	32	Retained earnings, endowment, accumulated incomment				32	
Net Assets	33	Total net assets or fund balances	•	• • • • •	508,840.	33	406,225.
_	34	Total liabilities and net assets/fund balances			545,458.	34	435,460.
_				-	,		Farm QQQ (2044)

orm 99	30 (2014)			Pa	ge IZ
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		552,	704.
2	Total expenses (must equal Part IX, column (A), line 25)	2		655,	319.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	102,6	515.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		508,8	840.
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		406,	225.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	xplain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled (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 audi	ted on	a		
	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	oversig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent acc	countan	t? 2c		
	If the organization changed either its oversight process or selection process during the tax year, e	explain	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	in		
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo th	ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		<u> </u>

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

Open to Public ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection Employer identification number

OPI	N SOURCE MATTERS, INC.			76-0803008
Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Simil	lar Funds oı	r Accounts.
	Complete if the organization answered "	Yes" to Form 990, Part I\	√, line 6.	
		(a) Donor advised fun	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year.			
5	Did the organization inform all donors and donor a	advisors in writing that the	assets held	in donor advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, an	-		
	only for charitable purposes and not for the benefit	_	_	
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements.			
	Complete if the organization answered "	Yes" to Form 990, Part I\	√, line 7.	
1	Purpose(s) of conservation easements held by the o	rganization (check all that ar	pply).	
	Preservation of land for public use (e.g., recre	ation or education)	Preservation	of a historically important land area
	Protection of natural habitat	!	Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held	d a qualified conservation of	contribution in	the form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified hi	storic structure included in ((a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06, a	and not on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, trans-	ferred, released, extinguish	ed, or termin	nated by the organization during the
	tax year			
4	Number of states where property subject to conserv	ation easement is located	-	
5	Does the organization have a written policy rega	arding the periodic monito	oring, inspec	ction, handling of
	violations, and enforcement of the conservation ease			
6	Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing cons	servation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conserva	ation easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line			ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports co			•
	balance sheet, and include, if applicable, the text of	•	ation's financ	cial statements that describes the
Do	organization's accounting for conservation easement It III Organizations Maintaining Collections of		ros or Otho	r Cimilar Assats
Г	Complete if the organization answered "			i Sillilai Assets.
	·			
1a	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar	assets held for public ex	report in its khibition, edu	revenue statement and balance sheet scation, or research in furtherance of
	public service, provide, in Part XIII, the text of the foo	tnote to its financial statem	nents that des	scribes these items.
b	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar		khibition, edu	ication, or research in furtherance of
	public service, provide the following amounts relating			> ¢
	(i) Revenue included in Form 990, Part VIII, line 1.(ii) Assets included in Form 990, Part X			
2				
2	If the organization received or held works of art,			= :
а	following amounts required to be reported under SF/ Revenue included in Form 990, Part VIII, line 1	TO TTO (MOC 900) TERRING	to these item	o. ▶ ¢
b	Assets included in Form 990, Part X.			····· \$

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Page **2**

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): Provide a Public exhibition	Par	rt III Organizations Maintaining C	Collections of	Art, Hist	orical T	reasur	es, c	or Oth	ner Similar As	sets (con	tinue	ed)
collection terms (check all that apply): a												
a Public exhibition d	3	Using the organization's acquisition, a	ccession, and	other recor	ds, check	any of	f the	follow	ing that are a s	ignificant ι	ise c	of its
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection's Collecti		collection items (check all that apply):										
Preservation for future generations of explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance. 1c Amount 1c Constitutions during the year 1d In Contributions during the year 1d In Contributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In No If "Yes," explaint the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization has been provided in Part XIII. 2a Beginning of year balance 3b Contributions 3c Active the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment In Section Contributions 3c Are there endowment Indox not in the possession of the organization that are held and administered for the organization by: 3c If "Yes" to 3c (ii) are the related organizations listed as required on Schodule R? 4 De	а	Public exhibition		d	Loan o	r excha	ange	prograr	ns			
Preservation for future generations of explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance. 1c Amount 1c Constitutions during the year 1d In Contributions during the year 1d In Contributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? In No If "Yes," explaint the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization has been provided in Part XIII. 2a Beginning of year balance 3b Contributions 3c Active the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment In Section Contributions 3c Are there endowment Indox not in the possession of the organization that are held and administered for the organization by: 3c If "Yes" to 3c (ii) are the related organizations listed as required on Schodule R? 4 De	b	Scholarly research		е	Other							
XIII.	С	Preservation for future generation	ns									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In the included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization during the year 1. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: 1 Ending balance 2. 1 Ending balance 3. 1 Ending balance 4. 1 Ending balance 9. 1 In Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XIII, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e)	4	Provide a description of the organization	ion's collections	s and expla	ain how t	hey fur	ther	the org	ganization's exer	npt purpos	e in	Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes		XIII.										
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?. □ Yes □ No b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ Ending balance □ Additions during the year □ Ending balance □ It □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	5	During the year, did the organization so	licit or receive of	donations o	f art, histo	orical tre	easur	es, or o	other similar			
or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		assets to be sold to raise funds rather th	nan to be maint	ained as pa	rt of the o	organiza	ation's	s collec	tion?	Yes		No
a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1e Distributions during the year 1e 1f Ending balance, 1e 1f Ending balance, 1f If Ending balance, 1f If Ending balance, 1f Ending balance, 1g Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IXI, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance, C Ontributions Other expenditures for facilities and programs, and losses, G Grants or scholarships Other expenditures for facilities and programs, A definistrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ► 7 Emprorarily restricted endowment F 8 Board designated or quasi-endowment F 9 The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations b If "Yes" to 3a(ii), are the related organizations isled as required on Schedule R? A Describe in Part XIII the intended uses of the organizations endowment funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated depreciation (other) Buildings C Leasehold improvements C Leasehold improvements 1 Equation 1	Par	rt IV Escrow and Custodial Arrang	gements. Con	nplete if th	ne organi	ization	ansv	vered	"Yes" to Form 9	990, Part I	V, Iir	ne 9,
included on Form 990, Part X?. Yes No		or reported an amount on Fo	rm 990, Part >	K, line 21.								
included on Form 990, Part X?. Yes No												
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1 a				-							_
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1		included on Form 990, Part X?								Yes		No
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b	If "Yes," explain the arrangement in Pa	rt XIII and comp	plete the fol	lowing tab	ole:						
d Additions during the year E Distributions during the year E Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Three years back (h) Frior year (h) Prior year (Amount	t		
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f Ending balance	d											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					1e					
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (c) Activity to the strict of t	f	Ending balance				[
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to get y		•							•			No
Column (a) Current year Column (b) Prior year Column (column (co	b											
1a Beginning of year balance	Par	<u> </u>										
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Washing Washing			a) Current year	(b) Prio	r year	(c) Two	o years	s back	(d) Three years bac	k (e) Four	years	back
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and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describtion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation t Age No 3a(ii) 3a(ii) 3a(ii) 3a(iii) 3	b											
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
a Board designated or quasi-endowment ▶	_											
b Permanent endowment					(line 1g,	column	(a)) h	neld as:				
c Temporarily restricted endowment ▶	а	Board designated or quasi-endowment	_	_%								
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (a) Book value (b) Buildings (c) Leasehold improvements (d) Book value (e) Accumulated depreciation (other) (Investment) (Invest				•						. 35		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (other) (investment) (investme												
tand b Buildings c Leasehold improvements d Equipment (investment) (other) (other) depreciation (other) depreciation 1	Гаг	Complete if the organization	answered "Ye	es" to Form	n 990, Pa	art IV, li	ine 1	1a. Se	ee Form 990, P	art X, line	10.	
1a Land b Buildings c Leasehold improvements d Equipment 7,421. 7,236. 186.		Description of property					sis			(d) Book val	ue	
b Buildings Leasehold improvements c Leasehold improvements 7,421. 7,236. 186.	1a	Land		unent)	(01			depre	5CIALIUI I			
c Leasehold improvements d Equipment 7,421. 7,236. 186.	_	D. C.P. and										
d Equipment 7,421. 7,236. 186.							-+					
						7.42	21		7.236		1	186
e Other	e	0.1				,,12			,,250.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		<u> </u>		n 990. Part	X, column	(B). lin	e 100	(c).)	•		7	186.

Page 3 Schedule D (Form 990) 2014

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990.	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
<u>(F)</u>			
<u>(G)</u>			
(H)	(h) mark a mark 5 mm 2000 Park V and (P) fine 40)		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		"Voe" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
			I
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u></u>
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie e
(1) Feder	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that reports the

constraint tax positions. In rati AIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 99)

Schedule D (Form 990) 2014 Page **4**

Part		n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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 (losses) on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
a	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Prior year adjustments	1	
C	Other lesses	1	
d	Other (Describe in Part VIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part VIII.)	-	
C	Add lines 4a and 4b	40	
	Aud iii 65 4a ailu 4b		
5	Total expanses Add lines 2 and 4c. (This must equal Form 900, Part I, line 18.)	4c	
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.	5	ing 4: Part Y line
Part Provid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines	5 art V, I	ne 4; Part X, line
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Part XIII Supplemental Information (continued)

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 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

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
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

FORM 990, PART VIII - INVESTMENT INCOME

CONFERENCES, LEGAL AND PROFESSIONAL SUPPORT.

ATTACHMENT 2

(A) (B)
TOTAL RELATED OR
REVENUE EXEMPT REVENUE

(C)
UNRELATED
BUSINESS REV.

(D) EXCLUDED REVENUE

INTEREST INCOME

DESCRIPTION

1,879.

1,879.

TOTALS

1,879.

1,879.

ATTACHMENT 3

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

PREPAID EXPENSES

TOTALS

2014

Description of Property							ATTACHME	NT 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 class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007		100.000			7,422.	7,236.	7,236.	200DB	MQ			5		
													-		
													-		
Less: Retired Assets			-						1						
Subtotals		7,422.				7,422.	7,236.	7,236.							
Listed Property	1						T					1	Т		
													-		
													-		
Loop Dating Appara															
Less: Retired Assets			-						1						
Subtotals															
AMORTIZATION		7,422.				7,422.	7,236.	7,236.							
AWORTIZATION	Date	Cost						Ending							
Asset description	placed in	or basis					Accumulated	Ending Accumulated amortization	Codo	Life					Current-year
Asset description	service	Dasis	-				amortization	amortization	Code	Life					amortization
	+		-												
	+		-												
	+		-												
	+		-												
TOTALS	1		-												
TOTALS															

*Assets Retired

JSA 4X9024 1.000

8/24/2015 3:52:11 PM V 14-6F PAGE 20 OPEN SOURCE MATTERS, INC.

Description of Property

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 class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007	7,422.	100.000			7,422.	7,236.		200DB				5		•
	, , , , , , , , , , , , , , , , , , , ,					•	,	,		~					
Less: Retired Assets									1						
Subtotals		7,422.				7,422.	7,236.	7,236.							
Listed Property	I	ı					T	T	1						
Less: Retired Assets									,						
Subtotals															
TOTALS		7,422.				7,422.	7,236.	7,236.							
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated	Ending Accumulated amortization	Codo	Life					Current-year
Asset description	Service	มสราร					amortization	amortization	Code	Life					amortization
								-							
									1						

*Assets Retired

JSA 4X9024 1.000

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