# Form 990

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning 2018, and ending 20 D Employer identification number C Name of organization B Check if applicable OPEN SOURCE MATTERS, INC. 76-0803008 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change PO BOX 4668 # 88354 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended NEW YORK, NY 10163-4668 G Gross receipts \$ 249.158. Application pending H(a) Is this a group return for F Name and address of principal officer: ROWAN ABRAHALL Χ Nο Yes subordinates' PO BOX 4668 #88354, NEW YORK, NY 10163-4668 No H(b) Are all subordinates included? Yes Tax-exempt status: 501(c)(3) 501(c) ( 4947(a)(1) or If "No," attach a list. (see instructions) Website: ► WWW.JOOMLA.ORG H(c) Group exemption number L Year of formation: 2005 M State of legal domicile: NY Form of organization: | X | Corporation Association Other > Summary 1 Briefly describe the organization's mission or most significant activities: OPEN SOURCE WEB BASED CONTENT MANAGEMENT S Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10. 3 Activities & 10. Number of independent voting members of the governing body (Part VI, line 1b) 0. 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 440. Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) Λ 0. Revenue 405,805 241,808. Program service revenue (Part VIII, line 2g)  $1,\overline{442}.$ Investment income (Part VIII, column (A), lines 3, 4, and 7d) 657. 10 5,908. 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 249,158. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 406,462. 12 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 492,944. 188,013. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 492,944. 188,013. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -86,482. 61,145. Revenue less expenses. Subtract line 18 from line 12 s or **End of Year Beginning of Current Year** 339,842. 411,429. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 10,831. 21,273. 21 329,011. 390,156. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/15/2019 Sign Signature of officer Date Here BRIAN MITCHELL TREASURER Type or print name and title Print/Type preparer's name Date Preparer's signature Check X if Paid DANIELLE HLATKY self-employed P01403210 Preparer Firm's name PIPIA COHEN HLATKY LLC Firm's EIN ▶ 26-4268100 **Use Only** 

For Paperwork Reduction Act Notice, see the separate instructions.

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347-425-9397

X Yes

Firm's address ▶195 KOSCIUSZKO ST BROOKLYN, NY 11216

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . . . . .

No

Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 services?..... 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ 151,716. including grants of \$ ) (Revenue \$ 195,069. ACCESS TO AND TRAINING IN OPEN SOURCE WEB BASED CONTENT MANAGEMENT SYSTEM WHICH IS FREE AND AVAILABLE TO ANYONE **4b** (Code: including grants of \$ ) (Expenses \$ ) (Revenue \$ **4c** (Code: including grants of \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

**4e** Total program service expenses ▶ JSA 8E1020 1.000

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151,716.

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Part	V 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		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,"		₹7	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			77
	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			77
	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			77
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	425		Х
L	Schedule D, Parts XI and XII.	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		Х
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
IJ	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	. 70		
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	T .		
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		X
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 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<b></b> 0u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
D	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	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	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,	21		21
20				
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
D	Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C		28c		Х
20	was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
29	· · · · · · · · · · · · · · · · · · ·	29		71
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
22	complete Schedule N, Part II	32		71
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		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, or IV and Part V line 1	24		Х
25.	or IV, and Part V, line 1	34		X
		35a		71
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	2 E h		
20	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	20		
27	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	27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		Х
Dart		38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0.		103	.10
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	10		
	reportable gaining (gainbling) withings to prize withers!	1 c		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 (FBAR).			
	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		Х
	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 organization			v
	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	C.L.		
_	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	7a		
h	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		
Ч	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		
f	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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter:			
а	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			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2018) OPEN SOURCE MATTERS, INC. 76-0803008 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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 <u>1a</u>	0		
	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 1b 1	0		
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		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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			X
	one or more members of the governing body?	7a		^
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		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:	8a	Х	
а	The governing body?	8b		X
b	Each committee with authority to act on behalf of the governing body?	0.0		
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		·	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	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		Х
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?	45.		
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	16a		X
<b>L</b>	with a taxable entity during the year?	100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		` '
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and recorpipia cohen hlatky llc 195 kosciuszko st brooklyn, ny 11216 347-425-9397	ds ►		

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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.

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

	week (list any		unles	ss pe	erson	e than o	an ee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	1 14 to	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	tne organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)HUGH DOUGLASS-SMITH	10.00									
OPERATIONS DEPT COORDINATOR	0.	Х						0.	0.	0.
(2)DJAMEL KHERBI	10.00									
EVENTS DEPARTMENT COORDINATOR	0.	Х						0.	0.	0.
(3)ERIC LAMY	10.00									
MARKETING & COMMUNICATIONS	0.	Х						0.	0.	0.
(4)HARALD LEITHNER	10.00									
PRODUCTION DEPARTMENT COORD	0.	Х						0.	0.	0.
(5) JASON NICKERSON	10.00									
LEGAL & FINANCE COORDINATOR	0.	X						0.	0.	0.
(6)JAZ PARKER	10.00									
PROGRAMS DEPARTMENT COORDINATE		Х						0.	0.	0.
(7)ROWAN ABRAHALL	30.00									
PRESIDENT	0.			Х				0.	0.	0.
(8)BRIAN MITCHELL	10.00								•	
TREASURER	0.			Х				0.	0.	0.
(9)DANIEL DUBOIS	10.00			3,7					0	0
VICE PRESIDENT	10.00			Х				0.	0.	0.
(10)LUCA MARZO SECRETARY	0.			Х				0.	0.	0.
	0.			^				0.	0.	<u> </u>
(11)										
(12)										
(13)										
(14)										

Form **990** (2018)

JSA.

	990 (2018)  rt VII Section A. Officers, Directors, Tro	ustees, Ke	y En	plo	vee	es,	and H	Higl	hest Compensat	ed Employees	(con		Page <b>8</b>
	(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/trus						(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount of other compensa	of
		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 organizati and relate organizatio	e on ed
		<del></del>											
		<del></del>											
		<del> </del>											
		<del></del>											
		Ī											
1b	Sub-total							<b>•</b>	0.	_	).		0.
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	•						<b>&gt;</b>	0.	_	).		0.
	Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste			e) who	o re	ceived more than	\$100,000 of			
	reportable compensation from the organizatio		0.	•								Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Х
4	For any individual listed on line 1a, is the organization and related organizations gr	sum of repeater than	oortab \$15	le c 50,0	om 00?	pen	satio	n aı	nd other compens complete Schedu	sation from the			
5										4	X		
Se	for services rendered to the organization? If "Yetion B. Independent Contractors	es," comple	te Sch	nedu	iie J	tor	such	per	son			5	Х
	Complete this table for your five highest com compensation from the organization. Report of year.											tax	
	(A)								(B)			(C)	

(A) Name and business address	(B) Description of services	(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.

# Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part VII	l		
				(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: \$		0.			
ne	-"	Total. Add lifted 14-11	Business Code				
Reven	2a b	ADVERTISING INCOME EVENT REGISTRATION		46,739. 1,450.	46,739. 1,450.		
<u>×</u>	C	JOOMLA.COM AFFILIATE REVENUE		15,425.	15,425.		
Program Service Revenue	d	OTHER AFFILIATE REVENUE		74,269.	74,269.		
	е	NON EVENT SPONSORSHIP		91,501.	91,501.		
ogr	f	All other program service revenue		12,424.	12,424.		
	3 4 5 6a b c d 7a	Investment income (including divide and other similar amounts)	nds, interest, d proceeds .  (ii) Personal	0.	1,442.		
	c d	Gain or (loss)		0.			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18	0.				
•	С	Net income or (loss) from fundraising events	▶	0.			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses		_			
	10a	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances		0.			
	b c	Less: cost of goods sold	0.	0.			
		Miscellaneous Revenue	Business Code				
	11a b	FEDERAL TAX REFUND		5,908.			5,908.
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		5,908.			
	12	Total revenue. See instructions.		249,158.	243,250.		5,908.

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# 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 resp	onse or note to any lin	e 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	<b>(D)</b> 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				
Ū	organizations, foreign governments, and foreign				
	individuals. 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.			
11	Fees for services (non-employees):				
а	ı Management	0.			
b	Legal	15,049.		15,049.	
c	Accounting	17,782.		17,782.	
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
1	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0			
	(A) amount, list line 11g expenses on Schedule O.)	0.	6 260		
12	Advertising and promotion	6,268.	6,268.		
13	,	0.			
14	<b>3,</b>	0.			
15	,	0.			
	Occupancy	69,065.	69,065.		
	Travel	07,003.	05,005.		
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials	31,834.	31,834.		
	Conferences, conventions, and meetings	0.	31,031.		
	Interest Payments to affiliates	0.			
	Depreciation, depletion, and amortization	8,637.	8,637.		
	Insurance ATCH 2	249.		249.	
	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	BANK SERVICE CHARGES	733.		733.	
b	PRINTING AND REPRODUCTION	2,434.	2,434.		
c	POSTAGE AND MAILING SERVICE	1,677.		1,677.	
d	CODING AND DEVELOPMENT	24,868.	24,868.		
е	All other expenses	9,417.	8,610.	807.	
	Total functional expenses. Add lines 1 through 24e	188,013.	151,716.	36,297.	
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

	ILA	Charle if Cahadula O contains a management		to on the significant	art V		
		Check if Schedule O contains a response of	note	e to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			324,991.	1	399,298.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and f	ormei	r officers, directors,			
		trustees, key employees, and highest co	mpen	sated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified person			0.	5	0.
	6	Loans and other receivables from other disqualified perso	ns (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volume					
		organizations (see instructions). Complete Part II of Sched	0.	6	0.		
Assets	7	Notes and loans receivable, net			0.	7	5,917.
Ass	8	Inventories for sale or use			0.	8	0.
·	9	Prepaid expenses and deferred charges			0.	9	0.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation	10b	39,256.	14,851.		6,214.
	11			0.		0.	
	12	Investments - other securities. See Part IV, line 11		0.		0.	
	13	Investments - program-related. See Part IV, line 11		0.		0.	
	14	Intangible assets			0.	1.4	0.
	15	Other assets. See Part IV, line 11			0.		0.
	16	Total assets. Add lines 1 through 15 (must equal			339,842.	16	411,429.
	17	Accounts payable and accrued expenses			10,831.	17	21,273.
	18	Grants payable			0.		0.
	19	Deferred revenue			0.		0.
	20	Tax-exempt bond liabilities		0.		0.	
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
Liabilities	22	Loans and other payables to current and fo					
ij		trustees, key employees, highest compens			0.		0.
<u>E</u>		disqualified persons. Complete Part II of Schedule			0.		0.
	23 24	Secured mortgages and notes payable to unrelate	bird n	a parties	0.		0.
	25	Unsecured notes and loans payable to unrelated to Other liabilities (including federal income tax, p			<u> </u>	24	
	25	parties, and other liabilities not included on lines					
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			10,831.	26	21,273.
_		Organizations that follow SFAS 117 (ASC 958),				20	
es		complete lines 27 through 29, and lines 33 and	34.				
Fund Balances	27	Unrestricted net assets			329,011.	27	390,156.
3al	28	Temporarily restricted net assets			0.	28	0.
٦	29	Permanently restricted net assets			0.	29	0.
or Fui		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equi	pmen	t fund		31	
Ă	32	Retained earnings, endowment, accumulated inco	me, c	or other funds		32	
Net	33	Total net assets or fund balances			329,011.	33	390,156.
_	34	Total liabilities and net assets/fund balances			339,842.	34	411,429.

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OIIII J	(2010)				ige i =		
Part							
	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		249,			
2	Total expenses (must equal Part IX, column (A), line 25)	2			188,013.		
3	Revenue less expenses. Subtract line 2 from line 1	3	61,145.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	329,011.				
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		390,	156.		
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?.		2	2a	<u> </u>		
	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?		2	2b	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	n 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	oversi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	nt?	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?		🗔	Ва			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdits.	3	3b			

#### SCHEDULE D (Form 990)

#### Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number OPEN SOURCE MATTERS, INC. 76-0803008 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2018

▶ \$

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part III   Organizations Acquaints   Organizations   Organizatio		dule D (Folili 990) 2016									Page Z
collection items (check all that apply): a	Pa										
a Public exhibition during the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  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 W Escrow and Custodial Arrangements.  Complete if the organization an aswered 'Yes' on 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, line 21.  1a Is the organization and part I trustee, custodial accomplete the following table:  C Beginning balance  1	3			sion, and o	other reco	rds, checl	k any of t	the follow	ving that are a sigi	nificant use	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?			ly):			_					
c	а	<del></del>			d _	Loan	or exchan	ge progra	ms		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  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?	b				e	_ Other					
XIII.	С										
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?	4	Provide a description of the organ	nization's	collections	s and expl	ain how t	they furth	er the or	ganization's exemp	t purpose i	n Part
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year 1											
Part V   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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	5										_
Complete if the organization answered "Yes" on 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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year, 1d   2bistributions during the year, 1d   2bistributions during the year, 1d   2bistributions during the year, 1d   2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Table Beginning of year balance 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses. d Grants or scholarships 1c Other expenditures for facilities and programs 1d Administrative expenses 1g End of year balance.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment					ained as pa	art of the	organizati	on's colle	ction?	Yes	No
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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance d Additions during the year, d Additions during the year, f Ending balance 1	Pa							_		_	
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   If Yes, explain the arrangement in Part XIII and complete the following table:   Amount   Ic			ition ans	wered "Ye	es" on For	m 990, F	Part IV, Iir	ne 9, or r	eported an amou	nt on Form	1
included on Form 990, Part X?											
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance	1a					-			_		
c Beginning balance d Additions during the year e Distributions during the year 1		included on Form 990, Part X?								Yes	No
c Beginning balance d Additions during the year e Distributions during the year f 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	n Part XII	I and comp	plete the fo	llowing tal	ole:				
d Additions during the year							_		Amount		
e Distributions during the year   fe   friding balance   1											
f Ending balance   1f   2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No bif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII   No   Form 990, Part IV, line 10.  Part V   Endowment Funds.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four ye											
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
Describe in Part XIII. Check here if the explanation has been provided on Part XIII.   Describe in Part XIII. Check here if the explanation has been provided on Part XIII.   Describe in Part XIII. Check here if the explanation has been provided on Part XIII.		Ending balance					1				
Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contributions											⊣ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			n Part XII	I. Check h	ere if the e	xplanation	has been	provided	on Part XIII		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  b Contributions	Pa		tion one	warad "Va	00" 00 For	000 F	) ort  \ /    ir	10			
Beginning of year balance		Complete if the organiza			1				( N T)		
b Contributions		•	(a) Cur	rent year	(b) Prid	or year	( <b>c)</b> Two y	ears back	(d) Three years back	(e) Four yea	rs back
c Net investment earnings, gains, and losses	1 a										
and losses	b	Contributions									
d Grants or scholarships	С	Net investment earnings, gains,									
e Other expenditures for facilities and programs		and losses									
and programs											
g End of year balance.	е	•									
g End of year balance		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f	-									
a Board designated or quasi-endowment ▶	g										
b Permanent endowment \				rrent year		e (line 1g,	column (a	a)) held as	:		
Temporarily restricted endowment ▶	a				_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.  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.  (iii) related organizations.  (iv) Account lated depreciation of property.  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation.  (investment)  (inves	D			0/							
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.  (iii) related organizations.  (ii	С	. ,			4000/						
organization by: (i) unrelated organizations. (ii) related organizations. (ii) related organizations.  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.  4 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment)  (b) Cost or other basis (c) Accumulated depreciation (d) Book value  1a Land.  b Buildings  c Leasehold improvements. d Equipment. 45,470. 45,470. 39,256. 6,214. e Other	2-			-		ation that	ماما میں	ما معاممان	sistanad fan tha		
(i) unrelated organizations (ii) related organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  45,470  45,470  39,256  6,214  e Other	sa		trie posse	2551011 01 11	ne organiza	ation that	are neiu a	and admin	iistered for the	Yes	s No
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  45,470  45,470  39,256  6,214  e Other		· ·									110
b If "Yes" on line 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.  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (c) Accumulated depreciation  (d) Book value  depreciation  to Buildings  c Leasehold improvements  d Equipment. 45,470. 45,470. 39,256. 6,214.  e Other.	<b>L</b>										+
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (other) (other) (d) Book value (d) Book value (investment) (other)	_		•		•					30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Accumulated depreciation  (d) Book value  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Cost or other basis (other)  (n) Book value					ition's endc	willent lui	ius.				
1a Land	Га	Complete if the organization	ation ans	wered "Y	es" on Fo	rm 990, l	Part IV, li	ne 11a. S	See Form 990, Pa	art X, line 1	0.
1a Land		Description of property								d) Book value	
b Buildings	12	Land		(inves	ounent)	(0	uiei)	аерг	eciation		
c Leasehold improvements.       45,470.       45,470.       39,256.       6,214.         e Other       45,470.       45,470.       45,470.       45,470.       45,470.       6,214.	ıa k		T I			+					
d Equipment.       45,470.       45,470.       39,256.       6,214.         e Other	D		T T			+					
e Other	-	-	1		45.470		45.470		39.256	6	.214
	u		ľ		,-,-,		, 1,0	-	,	<u> </u>	, _ + + •
	Tota			egual Forr	m 990. Pari	X. colum	n (B), line	10c.)	•	6	,214.

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Part VII	Complete if the organization answered	"Yes" on Form 990	). Part	t 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 valuati Cost or end-of-year marke	f valuation:			
(1) Financi	al derivatives						
	-held equity interests						
(3) Other_							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.)						
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	), Part	t IV, line 11c. See Form 990,	Part X, line 13.		
	(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)	n (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX	Other Assets.  Complete if the organization answered	"Yes" on Form 990	) Part	t IV line 11d See Form 990	Part X line 15		
		scription	, i ait	110, 1110 110. 000 1 01111 000,	(b) Book value		
(1)	(a) 500	ooription			(b) Book value		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)					
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	), Part	t IV, line 11e or 11f. See Forr	m 990, Part X,		
1.	(a) Description of liability	(b) Book valu	ıe T				
	ral income taxes	(1)					
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>					
2. Liability fo	or uncertain tax positions. In Part XIII, provide the t	text of the footnote to th	e orgar	nization's financial statements that rep	ports 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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Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on 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							
С	Recoveries of prior year grants							
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 4a	-						
b	Other (Describe in Part XIII.)							
c	Add lines 4a and 4b	4c						
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Irn						
rait	Complete if the organization answered "Yes" on 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:							
а	Donated services and use of facilities	-						
b	Prior year adjustments	-						
C	Other losses	-						
d		2e						
e	Add lines 2a through 2d	3						
3	Subtract line 2e from line 1							
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a							
a b	Other (Describe in Part XIII.)	1						
C	Add lines 4a and 4b	4c						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5						
	XIII 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; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform							

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Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **Open to Public** 

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

OPEN SOURCE MATTERS, INC.

**Employer identification number** 76-0803008

LOAN TO JOOMLA FOUNDATION

THE LOAN RECEIVABLE FROM JOOMLA FOUNDATION COVERS ORGANIZATIONAL COSTS

AND WILL BE REPAID.

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

CONFERENCES, LEGAL AND PROFESSIONAL SUPPORT.

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Description of Property					ATTACHMENT 2										
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				5	·	
A/V EQUIPMENT	12/01/2016	37,010.	100.000			37,010.	22,947.	31,385.	200DB	MQ			5		8,438.
COMPUTER HARDWARE	01/01/2017	1,039.	100.000			1,039.	436.	768.	200DB	НҮ			5		332.
													-		
Less: Retired Assets			-						1						
SubtotalsListed Property		45,471.				45,471.	30,619.	39,389.							8,770
Listed FToperty															
Less: Retired Assets									1						
Subtotals															
TOTALS		45,471.				45,471.	30,619.	39,389.							8,770
AMORTIZATION	Date	Cost						Ending							
Asset description	placed in service	or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life	)				Current-year amortization
TOTALO															
TOTALS															

\*Assets Retired

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1.000 V 18-7.6F PAGE 19