Form **990**

Department of the Treasury

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

Open to Public

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OMB No. 1545-0047

		enue Ser		lis.gov/Form990 to							spect	IOII
<u>A I</u>	For th	e 2020	0 calendar year, or tax year beginning		, 2020,	and ending		Frank		, 20		
в	Check if a	applicable:	C Name of organization					Employer ide			er	
_ 、	Addr		OPEN SOURCE MATTERS, I	NC.				76-080	300	8		
	chan	ge	Doing business as	of dolivored to -trt	droop)	Deers /s. 't		Tolorhort	mhai			
	Name	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone nu DO DOX 4.6.6.9. # .9.9.2.5.4 () ()										
	-	nitial return PO BOX 4668 # 88354 () - City or town, state or province, country, and ZIP or foreign postal code () -										
		inated			code						1 2 4	0.01
	retur		F Name and address of principal officer:		T			Gross receipts				,861.
	pend			BRIAN MITCH				subordinates	?		Yes	X No
-	-		PO BOX 4668 #88354, NE					(b) Are all subord			Yes	No
<u>!</u>		kempt st	tatus: 501(c)(3) 501(c) (WWW.JOOMLA.ORG) < (insert no.)	4947(a)(1)	or 52				list. See instru	Ictions	
J						1. 1/2 - 2 - 2		(c) Group exem : 2005 M				NY
				Association Othe	r 🕨		riormation	1: 2003 W	State	of legal dom	nclie:	11 1
Р	art I		ummary									
	1	Briefi	ly describe the organization's mission or	most significant activ	/ities:							
nce												
Governance	2	Chael	k this box if the organization dis	antinued ite energ	tiona ar dianaa	d of more the	an 05% of	ite net eeest	_			
Š	3			•	•				s. 3			87.
	4		ber of voting members of the governing t ber of independent voting members of th						4			87.
ies	5		number of individuals employed in caler						4 5			0.
Activities &	6		number of volunteers (estimate if necessa						6			200.
	_		unrelated business revenue from Part VII						0 7a			0.
			inrelated business taxable income from F						7b			
		inel u		0111 990-1, 1 ait 1, iii				Prior Year	10	Curre	ent Ye	ar
	8	Contr	ributions and grants (Part VIII, line 1h)						0.	ound		0.
nue	9		ram service revenue (Part VIII, line 2g)					97,05			132,	109.
Revenue	10			1,13			,	539.				
Å	11		stment income (Part VIII, column (A), lines r revenue (Part VIII, column (A), lines 5, 6			19.		2,	213.			
	12		revenue - add lines 8 through 11 (must e					98,53				861.
	13		ts and similar amounts paid (Part IX, colu					,	0.			
	14		fits paid to or for members (Part IX, colum						0.			0.
"	4.5		ies, other compensation, employee benef						(0.	
Expenses	16a		essional fundraising fees (Part IX, column								0.	
bei	b		fundraising expenses (Part IX, column (D		_							
ш	17		r expenses (Part IX, column (A), lines 11a	· · · ·				193,838.				984.
	18		expenses. Add lines 13-17 (must equal F					193,83	8.		41,	984.
	19		nue less expenses. Subtract line 18 from					-95,29	9.		92,	877.
or							Beginnir	ng of Current	⁄ear	End o	of Year	r
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)					300,35	57.	3	393,	234.
Asg	21		liabilities (Part X, line 26)					5 , 50	0.		5,	500.
Fun	22		assets or fund balances. Subtract line 21					294,85	57.	~ ,	387,	734.
Pa	art II	Si	ignature Block									
Un	der pe	nalties o	of perjury, I declare that I have examined this d complete. Declaration of preparer (other than	return, including acco	ompanying schedu	ules and staten	nents, and	to the best of	fmyl	knowledge a	and be	lief, it is
				onicer) is based on an	mormation or win		S arry KITOV	vieuge.				
0:-												
Sig He			Signature of officer					Date				
пе	le	- 🛋	RADOSLAW SUSKI		TREASU	RER						
			Type or print name and title									
Paie	ч	Print/	:/Type preparer's name	Preparer's signature		Date		Check X] "	PTIN		
	u parer	DAN	IIELLE HLATKY					self-employ		P0140		0
	e Only		's name PIPIA COHEN HLATKY				Fi	irm's EIN ▶ 2				
		Firm's	's address ▶195 KOSCIUSZKO ST				PI	hone no. 3	347-	425-93		
Ma	v the	N 2 GI	discuss this return with the preparer	shown above? (se	a instructions)					XX	~	No

Docu

Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: ATTACHMENT 1	Page 2
Briefly describe the organization's mission: ATTACHMENT 1	
prior Form 990 or 990-EZ?	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported. 44 (Code:) (Expenses \$including grants of \$) (Revenue \$5,475 ACCESS TO AND TRAINING IN OPEN SOURCE WEB BASED CONTENT MANAGEMENT SYSTEM WHICH IS FREE AND AVAILABLE TO ANYONE	X No
ACCESS TO AND TRAINING IN OPEN SOURCE WEB BASED CONTENT MANAGEMENT SYSTEM WHICH IS FREE AND AVAILABLE TO ANYONE 4b (Code:)(Expenses \$including grants of \$)(Revenue \$)	
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
4c (Code:) (Expenses \$including grants of \$) (Revenue \$))
)
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ►	

-	90 (2020)		F	Page 3
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,"	1		x
2	complete Schedule A.	2		X
2	Did the organization required to complete Schedule D, Schedule O, Community See institucions?	-		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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			х
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in 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,	10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII.	12a		X
d	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.0 %		х
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1 7 a		
	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			
	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		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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 approximation and part IX column (A) line 12 (f "Xee" complete Schedule L Parts Lond II			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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OPEN SOURCE MATTERS, INC.

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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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24 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		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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?	0.51		
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		Х
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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,			
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
~	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
. -	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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			v
Dort	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 53	
	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	1		
U	reportable gaming (gambling) winnings to prize winners?	1c		
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OPEN SOURCE MATTERS, INC.

Form	n 990 (2020) Page 5									
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)									
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 on Schedule O	3b								
	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		Х						
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).									
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	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 solicit any contributions that were not tax deductible as charitable contributions?									
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or									
-	gifts were not tax deductible?									
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
-	and services provided to the payor?	7a								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
•	required to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year									
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
•	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organizations maintaining donor advised rands. Did a donor advised rand maintained by the									
9	Sponsoring organizations maintaining donor advised funds.									
а	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 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
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									
С	Enter the amount of reserves on hand									
14a Did the organization receive any payments for indoor tanning services during the tax year?										
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O										
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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Par							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI			Х			
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 1a 87						
	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 on Schedule O.						
b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х			
_	any other officer, director, trustee, or key employee?	2		21			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X			
6 70	Did the organization have members or stockholders?	-					
7a	one or more members of the governing body?	7a		Х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
D D	stockholders, or persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
Ũ	the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b		Х			
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 on Schedule O.	9		Х			
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.01					
	rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-					
	describe in Schedule O how this was done	12c 13		Х			
13	Did the organization have a written whistleblower policy?	14		X			
14	Did the organization have a written document retention and destruction policy?	14					
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? The organization's CEO, Executive Director, or top management official	15a					
a k		15b					
b	Other officers or key employees of the organization	100					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
IUa	with a taxable entity during the year?						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Sect	on C. Disclosure			. <u> </u>			
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 Another's website Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,			
	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 record PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216 347-425-9397	s 🕨					

Form 990 (2020)			OPEN	SOURCE	MATTERS,	INC.			76-08	03008	Page 7
Part VII	Compensation	of	Officers,	Directors	, Trustees	, Key	Employees,	Highest	Compensated	Employees	, and
	Independent Co	ontra	actors			-		-			
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A	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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than c is both cor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)WILCO ALSEMGEEST	0.									
OPERATIONS DEPT COORDINATOR	0.	Х						0.	0.	0.
(2) DAVID ASWANI	0.									
EVENTS DEPARTMENT COORDINATOR	0.	Х						Ο.	0.	0.
(3) PHILIP WALTON	0.									
MARKETING & COMMUNICATIONS	0.	Х						Ο.	0.	0.
(4) MARCO DINGS	0.									
PRODUCTION DEPARTMENT COORD	0.	Х						Ο.	Ο.	0.
(5) HUGH DOUGLASS-SMITH	0.									
LEGAL & FINANCE COORDINATOR	0.	X						Ο.	0.	0.
(6) JASMINE PARKYN	0.									
PROGRAMS DEPARTMENT COORDINATR	0.	X						Ο.	0.	0.
(7) ROBERT DEUTZ	0.									
PRESIDENT	0.			Х				Ο.	0.	0.
(8) RADOSLAW SUSKI	0.									
TREASURER	0.	1		Х				Ο.	0.	0.
(9)NICOLA GALGANO	0.									
VICE PRESIDENT	0.	1		Х				Ο.	0.	0.
(10) LUCA MARZO	0.									
SECRETARY	0.			Х				Ο.	Ο.	0.
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (co	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than c is both	an	(D) Reportable compensation from	compensatio	(E) Reportable ompensation from related		(F) Estimated amount of other	
	hours for related organizations below dotted line)	offic Individual trustee or director	a Institutional trustee	a Officer	Key employee	Tr/tru Highest compensated employee	e) Former	- the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		fr org and	pensat om the anizatio d relate anizatio	on d
		-											
		-											
		-											
		-											
		-											
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		••		•••			0.		0.			
d Total (add lines 1b and 1c)							► n re	0.		0. f			
reportable compensation from the organization		0.		uu					φ100,000 0	I			
• Did the energiation list and former offic	an dinanta		4		_			leves en biebes		ام ما		Yes	N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedul											3		Σ
4 For any individual listed on line 1a, is the organization and related organizations groups and the second													
<i>individual</i>.5 Did any person listed on line 1a receive or							• •				4		Σ
for services rendered to the organization? If "Ye											5		Σ
 Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) ompens	sation	
							1						
							_						
							-						—

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.

Fai	τνιι	Check if Schedule O contains a response or	note to any	/ line in this Part V	111		
				(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	g	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 1g \$		0.			
0			siness Code				
vice	2a	ADVERTISING INCOME		19,166.	19,166.		
Ser	b	OTHER AFFILIATE REVENUE		36,110.	36,110.		
ven (С	NON EVENT SPONSORSHIP		64,086.	64,086.		
Program Service Revenue	d	BOOKS AND ROYALTIES		5,352.	5,352.		
20	e			5,475.	5,475.		
-	f	All other program service revenue		132,109.	5,115.		
	9 3	Investment income (including dividends, intere- other similar amounts)	est, and	539.	539.		
	4	Income from investment of tax-exempt bond proce		0.			
	5	Royalties		0.			
	6a b c	Gross rents 6a (ii) Less: rental expenses 6b 6b Rental income or (loss) 6c 6c) Personal				
	d	Net rental income or (loss)	►	0.			
	7a	Gross amount from (i) Securities (sales of assets other than inventory 7a	ii) Other				
evenue	b	Less: cost or other basis and sales expenses 7b					
	c d	Gain or (loss)	•	0.			
Other R	8a	Gross income from fundraising					
ō	υa	events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.	0			
	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a	<u></u> ▶	0.			
	b	Less: direct expenses	0.				
	с	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory		0.			
SUC			siness Code	0.010	0.010		
nec	11a	NYS TAX REFUND		2,213.	2,213.		
ella ver	b						
Miscellaneous Revenue	c b	All other revenue					
Ξ	u o	Total. Add lines 11a-11d		2,213.			
	12	Total revenue. See instructions		134,861.	134,861.		

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
000	Check if Schedule O contains a respo									
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising					
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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.								
	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,	0.								
	trustees, and key employees	0.								
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and	0.								
-	persons described in section 4958(c)(3)(B)	0.								
	Other salaries and wages	0.								
8		0.								
~	section 401(k) and 403(b) employer contributions)	0.								
9	Other employee benefits	0.								
10										
11		0.								
	Management	19,764.		19,764.						
	Accounting	6,202.		6,202.						
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17	0.								
	F Investment management fees	0.								
	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	0.								
12	Advertising and promotion	1,099.	1,099.							
13	Office expenses	0.								
14	Information technology	0.								
15	Royalties	0.								
16	Occupancy	0.								
17	Travel	0.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	1,329.	1,329.							
20		0.								
21	Payments to affiliates	0.		(0.0						
22	Depreciation, depletion, and amortization	682.		682.						
23	Insurance ATCH 2	1,770.		1,770.						
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
	BANK SERVICE CHARGES	327.		327.						
	SOFTWARE AND SUPPLIES	1,351.		1,351.						
	POSTAGE AND MAILING SERVICE	1,087.		1,087.						
-	CODING AND DEVELOPMENT	7,651.	7,651.	_,						
	All other expenses	722.	,	722.						
	Total functional expenses. Add lines 1 through 24e	41,984.	10,079.	31,905.						
	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 \blacktriangleright if									
	following SOP 98-2 (ASC 958-720)	0.								

Page	1	1

orm 990 (Part X				Page 1
ιαιλ	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	292,182.	1	384,514
2	Savings and temporary cash investments.	0.	2	С
3	Pledges and grants receivable, net	0.	3	(
4	Accounts receivable, net	0.	4	С
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	C
6	Loans and other receivables from other disqualified persons (as defined			
U	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	0.	6	C
7	Notes and loans receivable, net	7,144.		8,371
8 8	Inventories for sale or use	0.	8	(
	Prepaid expenses and deferred charges	0.	9	(
		•••	3	
IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
h		1,031.	10-	349
	Less: accumulated depreciation	0.		
11	Investments - publicly traded securities	0.		(
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	10	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	300,357.		393,234
17	Accounts payable and accrued expenses	5,500.		
18	Grants payable	0.	10	
19	Deferred revenue.	0.	15	
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	0.		
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	(
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25	5,500.	26	5,500
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	294,857.	27	387,734
28	Net assets with donor restrictions.	0.	28	(
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		30	
27 28 29 30 31 32	Total net assets or fund balances	294,857.	32	387,734
33	Total liabilities and net assets/fund balances	300,357.		393,234
_ 33	יטנמי וומטווונופס מווע דובו מספנס/ועווע טמומוונפס	500,557.	33	Eorm 990 (20

	OPEN SOURCE MATTERS, INC.	76	-08030	008		
Form 9	90 (2020)				Pag	ge 12
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			34,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2				984.
3	Revenue less expenses. Subtract line 2 from line 1	3			92,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		29	94,8	57.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		38	87 , 7	34.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> </u>	•••	
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 Schedule O.	xplain	i in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?. If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		or	2a		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: Separate basis Consolidated basis		••• ⊢	2b		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	ant?	• • •	2c		
	As a result of a federal award, was the organization required to undergo an audit or audits as set fo 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 unc required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	-		3b		

(Form 990) Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,	OMB No. 1545-0047 の の2 の
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.	Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name of the organization Employer identif	
OPEN SOURCE MATTERS, INC. 76–0803 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	3008
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	ind 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 advisors in writing that the assets held in donor advise	ed
funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos	
conferring impermissible private benefit?	Yes No
Part II Conservation Easements.	
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 (for example, recreation or education) Preservation of a historically	important land area
Protection of natural habitat	
Preservation of open space	
 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation conservation	onservation
	he End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	rganization during the
tax year ▶	
4 Number of states where property subject to conservation easement is located ▶ 5 Deep the property property property regarding the periodic monitoring improvement is located ▶	£
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling o violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation eas	
	chiefte during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
▶\$	6 ,
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(
and section 170(h)(4)(B)(ii)?	. 🗌 Yes 🛄 No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements.	at describes the
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asse	ts
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
	d balance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and be art, historical treasures, or other similar assets held for public exhibition, education, or research in further provide the following amounts relating to these items:	ance of public service,
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for finan	icial gain, provide the
following amounts required to be reported under FASB ASC 958 relating to these items:	•
 a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X. 	
	 schedule D (Form 990) 2020

	OPE	N SOURC	E MATTERS	, ING	ς.				76-080	3008		
Sche	dule D (Form 990) 2020										Pa	age 2
Ра	rt III Organizations Maintaini	ng Collec	tions of Art	Histo	rical Tre	asures, o	or Other	Similar /	Assets (a	continue		
3	Using the organization's acquisition	on, accessi	on, and othe	r recor	ds, check	any of th	ne follow	ving that r	nake sigr	nificant	use o	f its
	collection items (check all that app							•	•			
а	Public exhibition			d	Loan d	or exchang	e progra	m				
b	Scholarly research			e 🗖	Other							
c	Preservation for future gene	rations		-								
4	Provide a description of the organ		ollections an	d expl	ain how t	hev furthe	r the or	ganization	's exemp	t nurnos	se in	Part
•	XIII.			a onpri		noy rararo		gamzation	e exemp	r parpor		i art
5	During the year, did the organization	n solicit or	receive dona	itions o	of art histo	orical treas	ures or	other simi	lar			
Ũ	assets to be sold to raise funds rath									Yes		No
Da	Int IV Escrow and Custodial A			u us pe		nganizatio				103		
Γa	Complete if the organiza			on For	m 990. F	Part IV. line	e 9. or r	eported a	an amour	nt on Fo	orm	
	990, Part X, line 21.					arer, m	0 0, 01 1	oponiou o			,,,,,,	
1a	Is the organization an agent, trus	tee custor	tian or other	intern	nediary fo	r contribu	itions or	other ass	sets not			
īα	included on Form 990, Part X?				-					Yes		No
h	If "Yes," explain the arrangement in								•••• [103		
U	in res, explain the analygement i	ir r art Air o			nowing tat	ле. Г			Amount			
_	Designing helence								Amount			
C L	Beginning balance											
	Additions during the year											
e	Distributions during the year											
f	Ending balance								1.111.0		_	
	Did the organization include an am									Yes		No
	If "Yes," explain the arrangement in	n Part XIII.	Check here	if the e	xplanation	has been	provided	on Part XII			•	
Pa	rt V Endowment Funds.				000 5		- 10					
	Complete if the organiza											
		(a) Curre	ent year	(b) Pric	or year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four	years b	back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the curr	ent vear end	balanc	e (line 1a.	column (a))) held as					
a	Board designated or quasi-endown	nent 🕨	%		e (e .g,	(u)	,,					
b	Permanent endowment											
с		%										
	The percentages on lines 2a, 2b, a	and 2c shou	uld equal 100%	6.								
3a	Are there endowment funds not in				ation that	are held a	nd admii	nistered for	the			
	organization by:	•		0						ſ	Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the relate									3b		
4	Describe in Part XIII the intended u	0										
1	rt VI Land, Buildings, and Equ		organization		Whiteht la	100.						
1 0	Complete if the organization	ation answ	vered "Yes"	on Fo	rm 990, I	Part IV, lin	ie 11a. :	See Form	<u>1990, Pa</u>	irt X, lin	e 10.	
	Description of property		(a) Cost or othe (investmen			or other basis ther)		cumulated	(C	I) Book va	lue	
1.0	Land		(investmen	u)	(0)	uiel)	depi	reciation				
-												
b	Buildings											
C	Leasehold improvements					44,432.		45,121.			- n	49.
d	Equipment					, 43Z.		HJ,IZI.			3	コブ・
e	Other	(a)		0 0 1	V c - l							10
1018	I. Add lines 1a through 1e. (Column	(a) must e	equai ⊢orm 99	u, Part	л, coiumi	і (В), IIne 1	UC.)	🏲			3	49.

Schedule D (Form 990) 2020

ODEN SOUDCE MATTERS INC

	Investments - Other Securities.	"Vos" on Form 000	Part IV, line 11h, See Form 900	Dart V lina 12
	Complete if the organization answered (a) Description of security or category	(b) Book value	, Part IV, IIIIe TTD. See Form 990, (c) Method of valuatio	
	(including name of security)		Cost or end-of-year marke	t value
-	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(G) (H)				
· /	n (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII				
	Complete if the organization answered	"Yes" on Form 990	, Part 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 marke	a value
)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) • • • • • • • • • • • • • • • • • • •			
art IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11d. See Form 990.	Part X. line 15.
	Complete if the organization answered (a) Demonstration	"Yes" on Form 990 scription	, Part IV, line 11d. See Form 990,	
	· · ·		, Part IV, line 11d. See Form 990,	
	· · ·		, Part IV, line 11d. See Form 990,	
	· · ·		, Part IV, line 11d. See Form 990,	
1	· · ·		, Part IV, line 11d. See Form 990,	
	· · ·		, Part IV, line 11d. See Form 990,	
 	· · ·		, Part IV, line 11d. See Form 990,	
	· · ·		, Part IV, line 11d. See Form 990,	
	· · ·		, Part IV, line 11d. See Form 990,	
	· · ·	scription		
s al . (Col.	(a) Des (a) Des umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	ine 15.)		(b) Book value
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OPEN SOURCE MATTERS, INC

Sabadu	le D (Form 990) 2020		
Part	· · · · ·		age 4
	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		
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.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
		1	
1	Total expenses and losses per audited financial statements	•	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
a h	Prior year adjustments	-	
b	Other losses.	-	
c d	Other (Describe in Part XIII.)	-	
u e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
3 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.)		
а 2	Add lines 4a and 4b	4c	
5 5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).		
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2020 OPEN SOURCE MATTERS, INC.

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



ATTACHMENT 1

LOAN TO JOOMLA FOUNDATION

THE LOAN RECEIVABLE FROM JOOMLA FOUNDATION COVERS ORGANIZATIONAL COSTS

AND WILL BE REPAID.

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.

OPEN SOURCE MATTERS, INC.

76-0803008

2020

Description of Property

ATTACHMENT 2

DEPRECIATION	Date	Unadjusted		179 exp.			Beginning	Ending				1	MΔ	Current-vear	
Asset description	placed in service	Unadjusted Cost or basis	Bus. %	reduction in basis	Basis Reduction	Basis for depreciation	Accumulated	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	CRS	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		100.000			37,010.	36,448.	37,010.	200DB				5		562
COMPUTER HARDWARE	01/01/2017		100.000			1,039.	967.	1,039.	200DB				5		72
Less: Retired Assets Subtotals		45,471.	-			45,471.	44,651.	45,285.	ן						634
Listed Property		10, 11, 1.				10/1/11	11,0011	10,2001							
Less: Retired Assets															
Subtotals			-]						
TOTALS		45,471.				45,471.	44,651.	45,285.							634
AMORTIZATION															
Accet description	Date placed in	Cost or					Accumulated	Ending Accumulated	Cada	Life					Current-year
Asset description	service	basis					amortization	amortization	Code	Life	-			-	amortization
			-								_			_	
			-								-			-	
TOTALS			-											-	
Assets Retired		<u> </u>						!							

Description of Property

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
	2/07/2007	7,422.	100.000			7,422.	7,236.	7,236.					5		•
A/V EQUIPMENT 1	2/01/2016	37,010.	100.000			37,010.	36,448.	37,010.	200DB	MQ			5		562
COMPUTER HARDWARE 0	1/01/2017	1,039.	100.000			1,039.	967.	1,039.	200DB	ΗY			5		72
Less: Retired Assets										I				· · · · ·	
Subtotals		45,471.				45,471.	44,651.	45,285.							634
Less: Retired Assets															
Subtotals															
TOTALS		45,471.				45,471.	44,651.	45,285.							634
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated	Ending Accumulated amortization	Code	Life					Current-year amortization
														-	
														-	
											_			-	
TOTALS														-	

*Assets Retired

JSA 0X9024 1.000 72238T 786D 76-0803008