U.S. Corporation Income Tax Return OMB No. 1545-0123 For calendar year 2017 or tax year beginning 07/01/2017, ending 06/30/2018 ► Go to www.irs.gov/Form1120 for instructions and the latest information. Internal Revenue A Check if: Name B Employer identification number 1a Consolidated return OPEN SOURCE MATTERS, INC 76-0803008 (attach Form 851) **TYPE b** Life/nonlife consc Number, street, and room or suite no. If a P.O. box, see instructions. C Date incorporated dated return

2 Personal holding co OR PO BOX 4668 #88354 <u>01/01/2005</u> (attach Sch. PH) **PRINT** D Total assets (see instructions) Personal service corp. (see instructions) City or town, state, or province, country, and ZIP or foreign postal code 10163-4668 YORK NY 339,842. 4 Schedule M-3 E Check if: Initial return Final return attached (1) (2) Name change (4) Address change 1a Gross receipts or sales. 405,805 **b** Returns and allowances . 1 c 405,805. Balance. Subtract line 1b from line 1a 2 2 Cost of goods sold (attach Form 1125-A) . 3 405,805 3 Gross profit. Subtract line 2 from line 1c . 4 4 Dividends (Schedule C. line 19) Income 5 5 657 6 6 Gross rents 7 7 8 8 Capital gain net income (attach Schedule D (Form 1120)) . . . 9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) 10 10 Other income (see instructions - attach statement) 11 Total income. Add lines 3 through 10 11 406,462 Compensation of officers (see instructions - attach Form 1125-E) 12 12 limitations on deductions.) Salaries and wages (less employment credits) 13 13 14 Repairs and maintenance 14 15 Bad debts 15 16 16 741 17 Taxes and licenses 17 18 100 19 Charitable contributions . 19 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 20 14,396. (See instructions for 21 Depletion . . . 21 22 Advertising 22 868 23 Pension, profit-sharing, etc., plans 23 24 24 Employee benefit programs . 25 Domestic production activities deduction (attach Form 8903). 25 476,839 26 Other deductions (attach statement). 26 Deductions 27 27 492,944 Total deductions. Add lines 12 through 26 28 28 -86,482. Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 Stmt 4 29 a Net operating loss deduction (see instructions) **b** Special deductions (Schedule C, line 20) c Add lines 29a and 29b NONE 29c -<u>86,482</u> Taxable income. Subtract line 29c from line 28. See instructions 30

Total tax (Schedule J, Part I, line 11) 31 NONE Total payments and refundable credits (Schedule J, Part II, line 21) 32 Estimated tax penalty. See instructions. Check if Form 2220 is attached . 33 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed. 34 NONE Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid 35 Enter amount from line 35 you want: Credited to 2018 estimated tax Refunded > 36 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 taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return 08/15/2018 TREASUREF with the preparer shown below?

Signature of officer MIKE DEMOPOULOS See instructions. Yes Print/Type preparer's name Preparer's signature Date Check X if self-employed Paid P01403210 DANIELLE HLATKY Firm's EIN $\triangleright 26 - 4268100$ **Preparer** Firm's name ► PIPIA COHEN HLATKY LLC Phone no. **Use Only** 195 KOSCIUSZKO ST 347-425-9397 BROOKLYN, NY 11216

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120** (2017)

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Sign

Here

Refundable Credits, Payments 32

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Forr	n 1120 (2017)			Page 2
So	chedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-		80	
	financed stock)		see instructions	
3	Dividends on debt-financed stock of domestic and foreign corporations			
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, or 12.			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1	I, line 29b		

Form **1120** (2017)

Form 1120 (2017)

Sch	edule J Tax Computation and Payment (see instructions)				
Part	I-Tax Computation				
1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions				
2	Income tax. Check if a qualified personal service corporation. See instructions	2			
3	Alternative minimum tax (attach Form 4626)	3		NON	JE_
4	Add lines 2 and 3	4		NON	JE
5a	Foreign tax credit (attach Form 1118) 5a				
b	Credit from Form 8834 (see instructions)				
С	General business credit (attach Form 3800)				
d	Credit for prior year minimum tax (attach Form 8827)				
е	Bond credits from Form 8912				
6	Total credits. Add lines 5a through 5e	6			
7	Subtract line 6 from line 4	7		NON	1E
8	Personal holding company tax (attach Schedule PH (Form 1120))	8			
9a	Recapture of investment credit (attach Form 4255) 9a				
b	Recapture of low-income housing credit (attach Form 8611) 9b				
С	Interest due under the look-back method - completed long-term contracts				
	(attach Form 8697)				
d	Interest due under the look-back method - income forecast method (attach				
	Form 8866)	_			
е	Alternative tax on qualifying shipping activities (attach Form 8902) 9e	_			
f	Other (see instructions - attach statement) 9f				
10	Total. Add lines 9a through 9f	10			
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11		NON	1E
	II-Payments and Refundable Credits		T		—
12	2016 overpayment credited to 2017	12			
13	2017 estimated tax payments	13	1		
14	2017 refund applied for on Form 4466	14	(
15	Combine lines 12, 13, and 14	15			—
16	Tax deposited with Form 7004	16			—
17	Withholding (see instructions)	17			—
18	Total payments. Add lines 15, 16, and 17	18			—
19	Refundable credits from:				
	Form 2439	-			
	Form 4136	_			
	Form 8827, line 8c	_			
	Other (attach statement - see instructions)	20			
20 21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32.	20			—
	edule K Other Information (see instructions)	<u> </u>			—
1	Check accounting method: a			Yes	No
2	See the instructions and enter the:				
a	Business activity code no. ► 511130				
b	Business activity ► WEB BASED SOFTWARE M				
C	Product or service SOFTWARE RESOURCES				
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?				X
	If "Yes," enter name and EIN of the parent corporation ▶				
-	And the state of				
4	At the end of the tax year:	L!_\ ·			
а	Did any foreign or domestic corporation, partnership (including any entity treated as a partners		•		
	organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting p				
	corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G).				<u>X</u>
a	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach		- ·		X
	- Glassos of the corporation's stock entitied to vote: If Tes, Complete Fait if Of Schedule G (FOIII 1120) (attach		Juio O/	1 1	Λ

76-0803008 OPEN SOURCE MATTERS, INC Form 1120 (2017) Page 4 Schedule K Other Information (continued from page 3) Yes No 5 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below. (ii) Employer (iv) Percentage (iii) Country of (i) Name of Corporation Identification Number Owned in Voting Incorporation (if any) Stock b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. X If "Yes," complete (i) through (iv) below. (ii) Employe (iv) Maximum (iii) Country of (i) Name of Entity Identification Number Percentage Owned in Organization (if any) Profit, Loss, or Capital During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316. Χ If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary. 7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all Χ classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned▶ _ and **(b)** Owner's country ▶_ (c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Enter the number of shareholders at the end of the tax year (if 100 or fewer) If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid. Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the Χ If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶\$ X 14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions . . If "Yes," complete and attach Schedule UTP. Χ 15a Did the corporation make any payments in 2017 that would require it to file Form(s) 1099? **b** If "Yes," did or will the corporation file required Forms 1099? Χ 16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? X

Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair

During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S

under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?

JSA 7C1135 2.000

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market value of more than \$1 million?

Form 1120 (2017)

SC	hedule L Balance Sheets per Books	Beginning	of tax year	End	of tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash		352,768.		324,991.
2a	Trade notes and accounts receivable	5,500.			
b	Less allowance for bad debts	(5,500.	()
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)	Stmt 5	35,978.		
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10 a	Buildings and other depreciable assets	45,470.		45,470.	
b	Less accumulated depreciation	(16,223.)	29,247.	(30,619.) 14,851.
11 a	Depletable assets				
b	Less accumulated depletion	(()
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization	(()
14	Other assets (attach statement)				
15	Total assets		423,493.		339,842.
	Liabilities and Shareholders' Equity				
16	Accounts payable				10,831.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)	Stmt 5	8,000.		
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings - Appropriated (attach statement)				
25	Retained earnings - Unappropriated .		415,493.		329,011.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		((
28	Total liabilities and shareholders' equity .		423,493.		339,842.
Sc	hedule M-1 Reconciliation	of Income (Loss) per	Books With Income	per Return	
	Note: The corporation	on may be required to file Sch	nedule M-3. See instructions.		
1	Net income (loss) per books	-86,	7 Income records	ed on books this year this return (itemize):	
2	Federal income tax per books			erest \$	
3	Excess of capital losses over capital ga	ains			
4	Income subject to tax not recorded on bo	ooks			
	this year (itemize):		8 Deductions on	this return not charged	
_				come this year (itemize):	
5	Expenses recorded on books this year deducted on this return (itemize):			\$	
	Depreciation \$		b Charitable con	tributions . \$	
b	Charitable contributions . \$				
С	Travel and entertainment . \$				
				d 8	
	Add lines 1 through 5			line 28) - line 6 less line 9	-86,482.
	hedule M-2 Analysis of Una	· · · · · · · · · · · · · · · · · · ·		•	ile L)
	0 0 ,			a Cash	
	Net income (loss) per books			Stock	
3	Other increases (itemize):	_			
			6 Other decrease	es (itemize):	

329,011.

4 Add lines 1, 2, and 3

8 Balance at end of year (line 4 less line 7)

329,011.

Form **1120** (2017)

Form **8050**

(November 2016)
Department of the Treasury
Internal Revenue Service

Direct Deposit of Corporate Tax Refund

► Attach to Form 1120 or 1120S.

▶ Information about Form 8050 and its instructions is at www.irs.gov/form8050.

OMB No. 1545-0123

Name of corporation (as shown on tax return)	Employer identification number								
OPEN SOURCE MATTERS, INC	76-0803008								
·	Phone number (optional)								
1. Routing number (must be nine digits). The first two digits must be between 01 and 12 or 21 through 32.									
	e of account (one box t be checked):								
2. Account number (include hyphens but omit spaces and special symbols):									
9 9 7 3 3 8 8 7 7 8 Checkir	ng Savings								

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

File Form 8050 to request that the IRS deposit a corporate income tax refund (including a refund of \$1 million or more) directly into an account at any U.S. bank or other financial institution (such as a mutual fund or brokerage firm) that accepts direct deposits.

The benefits of a direct deposit include a faster refund, the added security of a paperless payment, and the savings of tax dollars associated with the reduced processing costs.

Who May File

Only corporations requesting a direct deposit of refund with its original Form 1120 or 1120S may file Form 8050.

The corporation is not eligible to request a direct deposit if:

- The receiving financial institution is a foreign bank or a foreign branch of a U.S. bank, or
- The corporation has applied for an employer identification number but is filing its tax return before receiving one.

Note: For other corporate tax returns, including Form 1120X, Amended U.S. Corporation Income Tax Return, and Form 1139, Corporation Application for Tentative Refund, a corporation may request a direct deposit of refunds of \$1 million or more by filling Form 8302, Electronic Deposit of Tax Refund of \$1 Million or More.

Conditions Resulting in a Refund by Check

If the IRS is unable to process this request for a direct deposit, a refund by check will be generated instead. Reasons for not processing a request include:

- The name of the corporation on the tax return does not match the name on the account.
- The financial institution rejects the direct deposit because of an incorrect routing or account number.
- The corporation fails to indicate the type of account the deposit is to be made to (that is, checking or savings).

How To File

Attach Form 8050 to the corporation's Form 1120 or 1120S after Schedule N (Form 1120), if applicable. To ensure that the corporation's tax return is correctly processed, see

Assembling the Return in the instructions for Form 1120 or 1120S.

Specific Instructions

Line 1. Enter the financial institution's routing number and verify that the institution will accept a direct deposit. See the sample check below for an example of where the routing number may be shown.

For accounts payable through a financial institution other than the one at which the account is located, check with your financial institution for the correct routing number. **Do not** use a deposit slip to verify the routing number.

Line 2. Enter the corporation's account number. Enter the number from left to right and leave any unused boxes blank. See the sample check below for an example of where the account number may be shown.

Paperwork Reduction Act Notice.

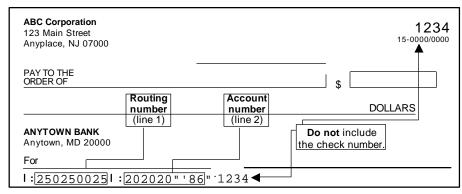
We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for business taxpayers filing this form is approved under OMB control number 1545-0123 and is included in the estimates shown in the instructions for their business income tax return.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the IRS at the address listed in the instructions of the tax return with which this form is filed.

Sample Check



Note. The routing and account numbers may be in different places on the corporation's check.

Form **8050** (11-2016)

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

OPEN SOURCE MATTERS, INC

Business or activity to which this form relates

Identifying number 76-0803008

General Depreciation and Amortization **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part | MACRS Depreciation (Don't include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2017 17 14,396. If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in only - see instructions) service 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 vrs. S/I 27.5 yrs. MMS/L h Residential rental S/L 27.5 yrs. MM property 39 yrs. MMS/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/I c 40-year MM S/L Part IV Summary (See instructions. Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions. 22 14,396. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

OP Forn	PEN SOURCE MATT n 4562 (2017)	TERS, INC												76-08	0300, Page 2
	rt V Listed Pro	perty (Include a					ehicles	, ce	rtain air	craft, d	certain	comp	outers,	and p	ropert
		itertainment, reci			,										
		ny vehicle for wh is (a) through (c) of									lease 6	expens	e, comp	lete o n	ily 24a
		Depreciation and									r passe	nger a	utomobil	es.)	
24a	Do you have evidence						'es		24b If "		•			Yes	No
	(a)	(b)	(c)				(e)		(f)		g)		(h)	T L	i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment us percentage	Cost	(d) or other b	:-	sis for depr usiness/inve use only	estment	Recovery	Met	hod/ rention	Depr	eciation luction	Elected s	
25	Special depreciation														
	the tax year and us	sed more than 50%	in a qualifie	ed busi	iness us	se (see	instruct	ions)			. 25				
26	Property used mor	e than 50% in a qu		_	e:										
				%											
				%											
			1	%											
27	Property used 50%	6 or less in a qualif								T =					
				%						S/L -					
				%						S/L -					
	A 1.1			% 						S/L -					
	Add amounts in co										_ 28				
23	Add amounts in co	ndiffit (i), lifte 20. L	Sectio										. 29		
	nplete this section fo our employees, first an		a sole prop	rietor, ¡	partner,	or othe	er "more	than	5% own					rovided	vehicle
				-	a)		(b)		(c)		d)	1	(e)		f)
30	Total business/inve	estment miles driv lude commuting m	en during iles)	Veh	icle 1	Veh	nicle 2	V	ehicle 3	Veh	icle 4	Vel	hicle 5	Vehi	icle 6
31	Total commuting m	niles driven during	the year .												
32	Total other p	,	mmuting)												
33	Total miles drive	en during the y	ear. Add												
	lines 30 through 32	2													1
34	Was the vehicle	e available for	personal	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	use during off-duty	hours?													
35	Was the vehicle	used primarily by	a more												
	than 5% owner or r	•													
36	ls another vehic		-												
	use?														
	Se swer these question re than 5% owners o		you meet a	an exc										who a	ren't
	Do you maintain	a written policy s	statement th	nat pro						s, includ	ding co	mmuti	ng, by	Yes	No
38	your employees? Do you maintain employees? See the	a written policy s	statement tl	nat pr	ohibits	persor	nal use	of ve	ehicles, e			-			
39	Do you treat all use	e of vehicles by em	nlovees as i	nerson	al use?	o omoc	no, anoc	,	01 170 01	111010 0	WIIOIO				
40	Do you provide m	nore than five ve	hicles to vo	our en	an doo . nplovee	s. obta	ain info	rmatic	on from	vour er	mplovee	es abo	ut the		
	use of the vehicles		-							-		, abo	at the		
41	Do you meet the re					e demo	nstratio	n use	? (See ins	struction	ns.)				
	Note: If your answ														
Pa	rt VI Amortizat		-	•		•	·	<u> </u>		<u> </u>					
	(a) Description of		(b) Date amorti		An	(c)	e amount		(d) Code se		(e Amorti perio	zation	Amortiz	(f)	nis vear
			begins								percer				. ,
42	Amortization of cos	sts that begins dur	ing your 201	17 tax	year (se	e instr	uctions)	:			T	-			
			1												

Form **4562** (2017)

43

44

43 Amortization of costs that began before your 2017 tax year

Total. Add amounts in column (f). See the instructions for where to report

2017 Depreciation

						oir Depie									
Description of Property															
General Depreciation as	Date placed in service	Unadjusted cost or basis	Bus.	179 exp. reduc. in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Me- thod	Con- ven- tion	Life	ACRS class	MA CRS	Current -yr 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007	7,422.		in basis	Reduction	7,422.	7,236.	7,236.	200 DB		LIIE	Class	5	expense	depreciation
COMPUTER HARDWARE	12/01/2016	37,010.				37,010.	8,883.	22,947.	200 DB				5		14,064.
COMPUTER HARDWARE	01/01/2017	1,039.				1,039.	104.		200 DB				5		332.
COM OTHE HINDWINE	017 017 2017	1,035.	100.			1,035.	101.	130.	200 BB	-111					332.
												-			
												-			
												+			
												1			
Less: Retired Assets															
TOTALS		45,471.				45,471.	16,223.	30,619.							14,396.

2017 Depreciation

						oir Depie									
Description of Property															
General Depreciation and	d Amortization Date placed in service	Unadjusted	Bus.	179 exp. reduc. in basis	Basis	Basis for	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Me-	Con- ven-		ACRS class	M A CRS	Current -yr 179 expense	Current-year
Asset description		cost or basis	%	in basis	Reduction	depreciation	Depreciation	Depreciation	thod	tion	Life	class	class	expense	depreciation
Other Than Listed Prope	erty														
Gross		45,471.				45,471.	16,223.	30,619.							14,396
Less: Retired Assets															
Current Year Special	Depreciation														
Sub Total:		45,471.				45,471.	16,223.	30,619.							14,396
Gross Amounts		45,471.				45,471.	16,223.	30,619.							14,396
Less: Retired Assets														Т	
TOTALS		45,471.				45,471.	16,223.	30,619.							14,396

2017 ACE Depreciation

neral Depreciation and Amortizati Asset description	Date placed in service	ACE basis for depreciation	ACE accumulated depreciation	Me- thod	Orig. Life	Rem. Life	ACE depreciation	AMT** depreciation used	ACE adjustment
COMPUTER HARDWARE	12/07/2007	7,422.	7,421.	150 DB	5.000	5.000	deprediation	depreciation asea	aajastiiiciit
COMPUTER HARDWARE	12/01/2016	37,010.	8,420.	200 DB	5.000	5.000	14,064.	14,064.	
COMPUTER HARDWARE	01/01/2017	1,039.	104.	200 DB	5.000	5.000	332.	332.	
ss: Retired Assets									

^{*}Assets Retired JSA 7X9033 1.000

^{**}In certain circumstances, this may be regular tax depreciation rather than AMT depreciation.

==========

Statement 1

Form 1120, Page 1 Detail	
	:=======
Line 5 - Interest income	
Interest on U.S. obligations	657.
Total	657.

Statement 2

Form 1120, Page 1 Detail	
	==========
Line 17 - Taxes and licenses	
NY STATE TAXES	741.
Total	741.
	==========

==========

158.

Form 1120, Page	1	Detail
-----------------	---	--------

Line 26 -	Summary of	Travel,	Meals and	l Entertainment

CONFERENCES, SEMINARS, SUMMITS AND EVENTS 134,378. Total 134,378.

Line 26 - Other deductions

LICENSES AND APPLICATIONS

Travel, meals and entertainment	134,378.
BANK CHARGES	3,609.
LEGAL EXPENSES	27,251.
ACCOUNTING EXPENSES	16,800.
CONFERENCES AND SEMINARS- JOOMLA DAY EVENTS	236,854.
POSTAGE AND DELIVERY	13,314.
CODING AND DEVELOPMENT	32,726.
OFFICE EXPENSE	2,354.
SUPPLIES AND MATERIALS	419.
PROCESSING FEES	422.
INSURANCE	1,770.
PROFESSIONAL SERVICES	2,228.
MAILING SERVICES	1,017.
PRINTING AND REPRODUCTION	3,539.

Total 476,839.

==========

Form 1120, Page 1 Detail

Line 29a - Non-SRLY NOL deduction

Year ending	Original NOL	Amount Available	Amount Used	Converted Contributions	Carryover to Next year
06/30/2009	10,279.				
06/30/2014	159,288.	56,314.			56,314.
06/30/2017	38,178.	38,178.			38,178.
06/30/2018	86,482.	86,482.			86,482.
Total	294,227.	180,974.			180,974.
	==========	==========	==========	==========	==========

0310MM 786D 76-0803008 22 Statement 4

Form	1120,	Page	5	Detail	

Sch L, Line 6 - Other current assets	Beginning	Ending
PREPAID EXPENSES	35,978.	
Total	35,978.	
	==========	=========
Sch L, Line 18 - Other current liabilities		
Other current liabilities	8,000.	
Total	8,000.	
	==========	=========

Department of Taxation and Finance

General Business Corporation Franchise Tax Return

Caution: This form must be used only for tax periods beginning on or after January 1, 2017. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

Final return	ust enter tax perio	
76-0803008 AA9 347-425-9397 Legal name of corporation Trade OPEN SOURCE MATTERS, INC		ending ■ 06-30-18
Legal name of corporation OPEN SOURCE MATTERS, INC	If you claim an over	payment,
OPEN SOURCE MATTERS, INC	mark an X in the box	<u> </u>
, <u>, , , , , , , , , , , , , , , , , , </u>	name/DBA	
ailing name (if different from legal name above) State of	or country of incorporation	
/o ailing address number and street or PO box Date o	of incorporation	Foreign corporations: date began business in N
		roleigh corporations. date began business in r
PO BOX 4668 #88354 01 ty State ZIP code Country (if not United States	L-01-05	For office use only
	,	To onice use only
NEW YORK NY 10163-4668 Principal business activity in NYS NAICS business code number (from N	NYS Pub 910)	
WEB BASED SOFTWARE M 511130	4101 ab 510)	
Maria and the condition of the condition		
f address/phone above is ew, mark an X in the box III you need to update your address or phone information for other tax types, you can do so online. See <i>Business informa</i>		
ew, mark an x in the box		
Pay amount shown on Part 2, line 23c. Make payable to: New York State Corporation	on Tay	Payment enclosed
 Attach your payment here. (Detach all check stubs; see instructions for details.) 	on rax	-
Are you subject to the metropolitan transportation business tax (MTA surcharge)		•
mark an X in the appropriate box)		B Yes X No
nird - party designee Yes X No Designee's name (print) DANIELLE HLATKY Designee's e-mail address		Designee's phone number
Designee's e-mail address		
a cinaturational		
ee instructions)		PIN 3264
tification: I certify that this return and any attachments are to the best of my know	<u> </u>	ue, correct, and complete.
tification: I certify that this return and any attachments are to the best of my know Printed name of authorized person Signature of authorized person	Official	ue, correct, and complete.
tification: I certify that this return and any attachments are to the best of my known Printed name of authorized person Signature of authorized person thorized MIKE DEMOPOULOS	Official	ue, correct, and complete. title EASURER
tification: I certify that this return and any attachments are to the best of my known Printed name of authorized person Signature of authorized person thorized MIKE DEMOPOULOS	Official	ue, correct, and complete.
thorized Printed name of authorized person Signature of authorized person MIKE DEMOPOULOS E-mail address of authorized person	Official TR	ue, correct, and complete. title EASURER Date
tification: I certify that this return and any attachments are to the best of my known and the printed name of authorized person Signature of authorized person MIKE DEMOPOULOS E-mail address of authorized person Firm's name (or yours if self-employed)	Official TR Telephone number	ue, correct, and complete. title EASURER Date Preparer's PTIN or SSN
tification: I certify that this return and any attachments are to the best of my known thorized person WIKE DEMOPOULOS E-mail address of authorized person Firm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC	TRI Telephone number n's EIN 5-4268100	ue, correct, and complete. title EASURER Date
tification: I certify that this return and any attachments are to the best of my known thorized person Printed name of authorized person MIKE DEMOPOULOS E-mail address of authorized person Firm's name (or yours if self-employed) Paid reparer Signature of authorized person Firm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC Signature of individual preparing this return Address 195 KOSCIUSZKO	Telephone number n's EIN 5-4268100) ST	ue, correct, and complete. title EASURER Date Preparer's PTIN or SSN
tification: I certify that this return and any attachments are to the best of my known thorized person Printed name of authorized person MIKE DEMOPOULOS E-mail address of authorized person Firm's name (or yours if self-employed) Paid eparer use Only Paid Address 195 KOSCIUSZKO BROOKLYN, NY 1	Official TR: TR:	ue, correct, and complete. title EASURER Date Preparer's PTIN or SSN P01403210
tification: I certify that this return and any attachments are to the best of my known thorized person Printed name of authorized person MIKE DEMOPOULOS E-mail address of authorized person Firm's name (or yours if self-employed) Paid eparer use only ge instr.) Printed name of authorized person Signature of authorized person Firm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC Signature of individual preparing this return Address 195 KOSCIUSZKO BROOKLYN, NY 1 Preparent	Official TR. Telephone number 1	ue, correct, and complete. title EASURER Date Preparer's PTIN or SSN
tification: I certify that this return and any attachments are to the best of my known thorized person Printed name of authorized person MIKE DEMOPOULOS E-mail address of authorized person Firm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC Signature of individual preparing this return Paid reparer use only ee instr.) E-mail address of individual preparing this return	Official TR: TR:	ue, correct, and complete. title EASURER Date Preparer's PTIN or SSN P01403210
tification: I certify that this return and any attachments are to the best of my know thorized person Printed name of authorized person MIKE DEMOPOULOS E-mail address of authorized person Firm's name (or yours if self-employed) Paid Paid Pipia COHEN HLATKY LLC Signature of individual preparing this return Paid Pipia COHEN HLATKY LLC Signature of individual preparing this return Preparer use only ee instr.) E-mail address of individual preparing this return Preparer instructions for where to file.	Official TR. Telephone number 1	ue, correct, and complete. title EASURER Date Preparer's PTIN or SSN P01403210
Printed name of authorized person MIKE DEMOPOULOS E-mail address of authorized person Firm's name (or yours if self-employed) Paid reparer use only ge instr.) Paid Signature of individual preparing this return Paid Pipia COHEN HLATKY LLC Signature of individual preparing this return Printed name of authorized person Signature of authorized person Firm's name (or yours if self-employed) Pipia COHEN HLATKY LLC Signature of individual preparing this return Preparer use only ge instr.) E-mail address of individual preparing this return Preparer use instr.)	Official TR. Telephone number 1	ue, correct, and complete. title EASURER Date Preparer's PTIN or SSN P01403210
Printed name of authorized person MIKE DEMOPOULOS E-mail address of authorized person Paid reparer use only rece instr.) E-mail address of individual preparing this return Printed name of authorized person Signature of authorized person Firm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC Signature of individual preparing this return Address 195 KOSCIUSZKO BROOKLYN, NY 1 Preparation individual preparing this return E-mail address of individual preparing this return Preparation individual preparing this return	Official TR: Telephone number 5-4268100 5 ST 11216 arer's NYTPRIN or 1419808	ue, correct, and complete. title EASURER Date Preparer's PTIN or SSN P01403210
Printed name of authorized person MIKE DEMOPOULOS E-mail address of authorized person Pirm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC Signature of individual preparing this return Paid reparer use only see instr.) E-mail address of individual preparing this return Printed name of authorized person Signature of authorized person Firm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC Signature of individual preparing this return PROOKLYN, NY 1 Prepare 11 Pre	Official TR: Telephone number 5-4268100 5 ST 11216 arer's NYTPRIN or 1419808	ue, correct, and complete. title EASURER Date Preparer's PTIN or SSN P01403210 Excl. code Capital for the current tax year
MIKE DEMOPOULOS E-mail address of authorized person Firm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC Signature of individual preparing this return Per instructions for where to file. Intent of Form CT-3 Int 1 - General corporate information Int 2 - Computation of balance due or overpayment Pirm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC 26 BROOKLYN, NY 1 Preparation Part 5 - Computation of balance due or overpayment Part 6 - Computation	Official TRI Telephone number 5-4268100 D ST L1216 arer's NYTPRIN or L419808 ation of investment	ue, correct, and complete. title EASURER Preparer's PTIN or SSN P01403210 Excl. code Date capital for the current tax year



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Part 1 - General corporate information Section A - Qualification for preferential tax rates - If you are a corporation as identified in this section and qualify for preferential tax rates, mark an **X** in the boxes that apply to you (see instructions). A qualified emerging technology company (QETC) for purposes of the lower tax rates, capital base tax cap, and fixed A qualified New York manufacturer based on the principally engaged test for purposes of the lower business income base tax rate and fixed dollar minimum tax amounts A qualified New York manufacturer based on the principally engaged test for purposes of the lower capital base A qualified New York manufacturer based on the significant employment and property test for purposes of the lower tax rates, capital base tax cap, and fixed dollar minimum tax amounts Claiming cooperative housing corporation status for the lower capital base tax rate 6 If you marked this box, complete line 6a; also mark the box at line 6b or 6c, if applicable. 6c Small business taxpayers only: you are also a qualified New York manufacturer 7 A qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot, and you have elected to be subject only to the fixed dollar minimum tax base. Section B - New York State information (see instructions) 1 2 If you have an interest in, or have rented, real property in New York State, mark an X in the box . . If you are claiming an exception to the related member expense addback under Tax Law §208.9(o)(2)(B), **5a** If you marked the line 5 box, use line 5a to report the applicable exception Number If you are not protected by Public Law 86-272 and are subject to tax solely as a result of deriving receipts in Section C - Filing information 1 Federal return filed - you must mark an X in one box and attach a complete copy of your federal return 1120-RFIT 1120 ● X 1120S • 1120F ● 1120 consolidated • L or 1120-RIC 2 Amended return - If you marked the amended return box on page 1, then for any item(s) that apply, mark an X in the box and attach documentation: Failure to meet investment capital holding period • Date of determination Final federal NOL Capital loss 1120X • determination • carryback carryback • 2a Enter the tax due amount from your most recently filed New York State return for this tax period 2a Required attachments - For all forms, other than tax credit claim forms, that are attached to this return, mark an X in the applicable box(es) CT-3.3 • X CT-3.4 • X CT-60 • CT-3.1 ● L If you are claiming tax credits, enter the number of tax credit forms attached to this return. Where multiple forms If you filed federal Form 1120F and you have effectively connected income (ECI), mark an X in the box Were you required to report, under P.L. 110-343, Div. C, \$801(d)(2), any nonqualified deferred compensation 7 If you are a foreign corporation computing your tax taking into account only your distributive shares from multiple limited



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Da.	t 2. Commutation of holonor due or examplement	
Par	t 2 - Computation of balance due or overpayment	
Larg	est of three tax bases, minus credits	
	Business income base tax (from Part 3, line 20) • 1a	
1b	Capital base tax (from Part 4, line 15; see instructions) • 1b 372.	
	New York receipts	
1c	Fixed dollar minimum tax (see instr) • 406,462 • 1c 175.	
2	Tax due (enter the amount from line 1a, 1b, or 1c, whichever is largest; see instructions).	2 372.
3	Tax credits used (from Part 7, line 2; see instructions)	3
4	Tax due after credits (subtract line 3 from line 2; if line 3 is more than line 2, enter 0)	4 372.
5		
6		
7	tion and internal	
	Ities and interest	
0	Estimated tax penalty (see instructions; if Form CT-222 is	
•	attached, mark an X in the box)	
9	Interest on late payment (see instructions)	
10	Late filing and late payment penalties (see instructions) • 10	
11		11
	ntary gifts/contributions (see instructions)	
12a	Return a Gift to Wildlife	
12b	Breast Cancer Research and Education Fund	
12c	Prostate Cancer Research, Detection, and Education Fund 12c	
12d	9/11 Memorial	
12e	Volunteer Firefighting & EMS Recruitment Fund	
12f	Veterans Remembrance	
12g	Women's Cancers Education and Prevention Fund	
12h	New York State Veterans' Homes	
13		13
	amount due Add lines 4, 11, and 13	14 372.
	ayments	14 372.
15	Mandatory first installment from Form CT-300 (see instructions) 15 501.	
16		
17	Second installment (from Form CT-400)	
18	Fourth installment (from Form CT-400)	
	Payment with extension request (from Form CT-5, line 5)	
	Overpayment credited from prior years	
20	(see instructions) Period 2,493.	
21	Overpayment credited from CT-3-M Period 21	
22		2,994.
	nent due or overpayment to be credited/refunded (see instructions)	2,331.
23a		23a
23b		23b
23c		23c
24a	_	24a 2,622.
24b		24b
24c		24c 2,622.
25		25 2,622.
26		26
27		27
28		28
29	Unused tax credits to be refunded	,
30	Unused tax credits applied to next period	



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Part 3 - Computation of tax on business income base

	· ·		
1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions) •	1	-86,482.
2	Additions to FTI (from Form CT-225, line 5)	2	741.
3	Add lines 1 and 2		-85,741.
4	Subtractions from FTI (from Form CT-225, line 10)		
5	Subtract line 4 from line 3	5	-85,741.
6	Subtraction modification for qualified banks (from Form CT-3.2, Schedule A, line 1; see instructions)	6	
7	Entire net income (ENI) (subtract line 6 from line 5)		-85,741.
8	Investment and other exempt income (from Form CT-3.1, Schedule D, line 1)		·
9	Subtract line 8 from line 7		-85,741.
10	Excess interest deductions attributable to investment income, investment capital, and other		· ·
	exempt income (from Form CT-3.1, Schedule D, line 2).	10	
11	Business income (add lines 9 and 10).		-85,741.
12	Addback of income previously reported as investment income (from Form CT-3.1, Schedule F,		
	line 6; if zero, enter 0; see instructions)	12	
13	Business income after addback (add lines 11 and 12)		-85,741.
14	Business apportionment factor (from Part 6, line 55)		1.0000
15	Apportioned business income after addback (multiply line 13 by line 14)		-85,741.
16			00//111
17	Subtract line 16 from line 15		-85,741.
18	The state of the s		03,711.
	NOL deduction (from Form CT-3.4, line 6).		-85,741.
19	Business income base (subtract line 18 from line 17)	19	05,/11.
20	Business income base tax (multiply line 19 by the appropriate business income tax rate from the tax	00	
	rates schedule in Form CT-3-I; enter here and on Part 2, line 1a; see instructions)	20	

Note: If you make any entry on line 2, 4, 6, 8, 10, 12, 16, or 18, you **must** complete and file the appropriate attachment form, or any tax benefit claimed may be disallowed, or there may be a delay in receiving such benefit. In addition, all amounts entered on these lines must be entered as positive numbers.



			Α	В	С
			Beginning of year	End of year	Average value
1	Total assets from federal return	1	423,493.		381,668
2	Real property and marketable securities			•	
	included on line 1	2			
3	Subtract line 2 from line 1	3	423,493.	339,842.	381,668
4	Real property and marketable securities at fair market value	4		•	
5	Adjusted total assets (add lines 3 and 4)	5	423,493.	339,842.	381,668
6	Total liabilities		8,000.	10,831.	9,416
7	Total net assets (subtract line 6, column C, from li				372,252
8	Investment capital (from Part 5, line 19; if zero or				0.2,202
9	Business capital (subtract line 8 from line 7)				372,252
10	Addback of capital previously reported as investme				0.2,202
11	Total business capital (add lines 9 and 10)				372,252
12	Business apportionment factor (from Part 6, line				1.0000
13	Apportioned business capital (multiply line 11 b				372,252
	New small business (if in first two tax years, mark				312,232
14					
15	Capital base tax (multiply line 13 by the appropria				372
	Form CT-3-I; enter here and on Part 2, line 1b)	• •			572
a	rt 5 - Computation of investment o	cap	ital for the current t	ax year (see instruction	ns)
			A Average fair market value	B Liabilities attributable to column A amount	C Net average value (column A - column B)
16	Total capital that generates income claimed to not be taxable by New York under the U.S. Constitution				
	(from Form CT-3.1, Schedule E, line 1)	16			
17	Total of stocks actually held for more than				
.,	one year (from Form CT-3.1, Schedule E,				
	line 2)	17			
10	Total of stocks presumed held for more	.,			
18	•			[] []	
	than one year (from Form CT-3.1,	10			
	Schedule E, line 3)				
19	Total investment capital for the current year (and on Part 4, line 8. If zero or less, enter 0.).				
۷44	back of capital previously reported as investi				
luu	back of capital previously reported as investi	IIICI	i capitai		
			A Average fair market value as previously reported	B Liabilities attributable to column A amount as previously reported	C Net average value as previously reported (column A - column B)
20	Total of stocks previously presumed held for more than one year, but did not meet the holding period (from Form CT-3.1, Schedule F, line 1; enter here and on				



Part 6 - Computation of business apportionment factor (see instructions)

Mark	an $\boldsymbol{\mathit{X}}$ in this box only if you have no receipts required to be included in the	den	nominator of the apportion	nent factor (see instr.) .
			A - New York State	B - Everywhere
Sect	ion 210-A.2	\top	•	
		1		
		2	•	
		3	•	
	ion 210-A.3	+	•	
		4		
	Royalties from patents, copyrights, trademarks, and similar intangible	Ť	•	
·		5		
6	Sales of rights for certain closed-circuit and cable TV transmissions	+	•	
·		6		
Sect	ion 210-A.4	+	•	
		7		
	ion 210-A.5(a)(1) - Fixed percentage method for qualified financial in	_		
	To make this irrevocable election, mark an X in the box (see instructions).			8
	ion 210-A.5(a)(2) - Mark an X in each box that is applicable (see line			
	ction 210-A.5(a)(2)(A)	, 0 11	istractions)	
		9	•	
10	Net gains from sales of loans secured by real property	-	•	
11	Interest from loans not secured by real property (QFI •) • 11	-		
	Net gains from sales of loans not secured by real property (QFI •) • 12	_		
	ction 210-A.5(a)(2)(B) (QFI•)	_		
		,		
14	Interest from federal debt	<u> </u>		
	Interest from NVC and its political subdivisions debt	_		
15	Interest from NYS and its political subdivisions debt			
16	Net gains from federal, NYS, and NYS political subdivisions debt • 16			
17	Interest from other states and their political subdivisions debt. • 17			
18	Net gains from other states and their political subdivisions debt • 18	5		
	ction 210-A.5(a)(2)(C) (QFI •)			
	Interest from asset-backed securities and other government agency debt . • 19	9		
20	Net gains from government agency debt or asset-backed securities			
0.4	sold through an exchange			
	Net gains from all other asset-backed securities	1		
	etion 210-A.5(a)(2)(D) (QFI •)			
	Interest from corporate bonds	2		
23	Net gains from corporate bonds sold through broker/dealer or			
	licensed exchange 23			
	Net gains from other corporate bonds	4		
	ction 210-A.5(a)(2)(E)			
	Net interest from reverse repurchase and securities borrowing agreements . • 25	5		
	etion 210-A.5(a)(2)(F)		•	
	Net interest from federal funds	6		
	etion 210-A.5(a)(2)(I) (QFI •)		•	
	Net income from sales of physical commodities • 27	7		
	ction 210-A.5(a)(2)(J) (QFI ●)			
	Marked to market net gains	8		
Sec	ction 210-A.5(a)(2)(H) (QFI •)		•	
	210-A.5(a)(2)(G) (QFI●)			
29	Interest from other financial instruments	9		
30	Net gains and other income from other financial instruments • 30	0	<u> </u>	



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1.0000

Part 6 - Computation of business apportionment factor (continued)

Section 210-A.5(b) 31 Brokerage commissions		
Margin interest earned on behalf of brokerage accounts		
33 Fees for advisory services for underwriting or management of underwriting • 33 34 Receipts from primary spread of selling concessions • 34 35 Receipts from account maintenance fees • 35 36 Fees for management or advisory services • 36 37 Interest from an affiliated corporation • 37 Section 210-A.5(c) 38 Interest, fees, and penalties from credit cards • 38 39 Service charges and fees from credit cards • 39 40 Receipts from merchant discounts • 40 41 Receipts from credit card authorizations and settlement processing . • • 41 42 Other credit card processing receipts • 42 Section 210-A.5(d) 43 Receipts from certain services to investment companies . • 43 Section 210-A.6 44 Receipts from railroad and trucking business • 44 Section 210-A.6-a 45 Receipts from the operation of vessels • 45 Section 210-A.7		
34 Receipts from primary spread of selling concessions		
35 Receipts from account maintenance fees		
36 Fees for management or advisory services		
37 Interest from an affiliated corporation		
Section 210-A.5(c) 38 Interest, fees, and penalties from credit cards		
38 Interest, fees, and penalties from credit cards		
39 Service charges and fees from credit cards		
40 Receipts from merchant discounts		
41 Receipts from credit card authorizations and settlement processing		
42 Other credit card processing receipts		
Section 210-A.5(d) 43 Receipts from certain services to investment companies		
43 Receipts from certain services to investment companies • 43 Section 210-A.6 44 Receipts from railroad and trucking business • 44 Section 210-A.6-a 45 Receipts from the operation of vessels • 45 Section 210-A.7	•	
Section 210-A.6 44 Receipts from railroad and trucking business	•	
44 Receipts from railroad and trucking business	•	
Section 210-A.6-a 45 Receipts from the operation of vessels	•	
45 Receipts from the operation of vessels	•	
Section 210-A.7		1
	•	
46 Receipts from air freight forwarding		
47 Receipts from other aviation services 47	•	
Section 210-A.8	•	
48 Advertising in newspapers or periodicals		
49 Advertising on television or radio	•	
50 Advertising via other means	•	
Section 210-A.9	•	
51 Transportation or transmission of gas through pipes • 51		
Section 210-A.10	•	
52 Receipts from other services/activities not specified • 52		
Section 210-A.11	•	
53 Discretionary adjustments		
Total receipts	•	
54 Add lines 1 through 53 in columns A and B		

Enter line 55 on Part 3, Computation of tax on business income base, line 14; and on Part 4, Computation of tax on capital base, line 12.

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Enter in the appropriate box below the amount of each tax credit used to reduce the tax due shown on Part 2, line 2, and attach the corresponding properly completed claim form. The amount of credit to enter is computed on each credit form and carried to this sect CT-37 • CT-606 • DTF-622 • DTF-622 • DTF-624 • DTF-624 • DTF-624 • DTF-630 • CT-41 • CT-611 • OT-41 • OT-41 • OT-611 • OT-611 • OT-611 • OT-611 • OT-611 • OT-612 • OT-612 • OT-612 . • OT-614 • OT-613 . • OT-236 . • CT-631 . • CT-631 . • CT-238 . • CT-633 . • CT-633 . • CT-239 . • CT-634 . • CT-635 . • OT-241 . • CT-635 . • OT-242 . • CT-635 . • OT-243 . • CT-637 . • CT-246 . • CT-639 . • OT-639 . • OT-248 . • CT-639 . • OT-640 . • OT-641 . • OT-644 . •	•	ed of an offense, or are you an owner of an end or 496, or section 195.20? (see Form CT-1; mark	tity convicted of an offense, defined in New York State k an X in one box)
CT-40	Enter in the appropriate box be	elow the amount of each tax credit used to redi	uce the tax due shown on Part 2, line 2, and attach the
CT-40	CT-37 •	CT-606 •	DTF-622•
CT-41		CT-607 •	DTF-624 ●
CT-44		CT-611 •	
CT-44	CT-43 •	CT-611.1 •	Other credits •
CT-46 • CT-612 • CT-613 • CT-613 • CT-236 • CT-631 • CT-631 • CT-236 • CT-631 • CT-633 • CT-239 • CT-634 • CT-634 • CT-239 • CT-634 • CT-241 • CT-635 • CT-242 • CT-636 • CT-242 • CT-636 • CT-242 • CT-637 • CT-246 • CT-637 • CT-248 • CT-639 • CT-248 • CT-639 • CT-249 • CT-640 • CT-640 • CT-641 • CT-250 • CT-641 • CT-642 • CT-642 • CT-642 • CT-643 • CT-643 • CT-644 • CT-601 • CT-644 • CT-645 • CT-645 • CT-645 • CT-645 • CT-645 • CT-604 • CT-647 . • CT-605 • DTF-621 . • DTF-		CT-611.2	
CT-236		CT-612 •	
CT-236 • CT-631 • CT-633 • CT-633 • CT-238 • CT-633 • CT-633 • CT-634 • CT-634 • CT-634 • CT-241 • CT-636 • CT-242 • CT-636 • CT-242 • CT-636 • CT-243 . • CT-637 • CT-638 • CT-248 • CT-638 • CT-249 • CT-638 • CT-249 • CT-640 • CT-640 • CT-249 • CT-640 • CT-641 • CT-250 • CT-641 • CT-642 • CT-641 • CT-651 • CT-642 • CT-643 • CT-601 • CT-644 • CT-603 • CT-645 • CT-645 • CT-603 • CT-646 • CT-646 • CT-646 • CT-660 • CT-647 • CT-660 • DTF-621 . • DTF-62	CT-47 •	CT-613 •	
CT-239		CT-631 •	
CT-241	CT-238 •	CT-633 •	
CT-241	CT-239 •	CT-634 •	
CT-242 • CT-636 • CT-637 • CT-637 • CT-248 • CT-638 • CT-248 • CT-638 • CT-249 • CT-639 • CT-640 • CT-640 • CT-640 • CT-641 • CT-641 • CT-641 • CT-641 • CT-641 • CT-642 • CT-643 • CT-643 • CT-601 • CT-644 . • CT-602 • CT-645 • CT-645 • CT-603 • CT-646 • CT-647 • CT-604 • CT-605 • DTF-621 . • CT-647 • CT-647 • CT-647 • CT-647 • CT-649	CT-241 •		
CT-243	CT-242 •		
CT-248 • CT-639 • CT-640 • CT-249 • CT-250 • CT-641 • CT-261 • CT-642 • CT-643 • CT-643 • CT-601 • CT-644 • CT-602 • CT-644 • CT-603 • CT-646 • CT-664 • CT-605 • DTF-621 • DTF-62	CT-243 •	CT-637 •	
CT-249 • CT-640 • CT-250 • CT-641 • CT-641 • CT-641 • CT-642 • CT-642 • CT-601 • CT-643 • CT-602 • CT-644 • CT-603 • CT-645 • CT-603 • CT-645 • CT-604 • CT-605 • DTF-621 • DTF-621 • DTF-621 • DTF-621 . • DT	CT-246 •	CT-638 •	
CT-250 CT-641 CT-642 CT-643 CT-601 CT-601 CT-644 CT-602 CT-603 CT-645 CT-604 CT-604 CT-605 CT-605 CT-621 DTF-621 2 Total tax credits claimed above (enter here and on Part 2, line 3; attach appropriate form for each credit claimed) 2 Total tax credits claimed that are refund eligible (see instructions) 2 If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an X in the box 4a If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an X in the box 4b	CT-248 •	CT-639 •	
CT-261 • CT-642 • CT-501 • CT-643 • CT-601 • CT-644 • CT-602 • CT-645 • CT-603 • CT-645 • CT-604 • CT-605 • DTF-621 . • DTF-621 • DTF-62	CT-249 •	CT-640 •	
CT-261 • CT-642 • CT-643 • CT-601 • CT-644 • CT-601 • CT-644 • CT-602 • CT-645 • CT-645 • CT-603 • CT-646 • CT-647 • CT-605 • DTF-621 • DT	CT-250 •	CT-641 •	
CT-601 • CT-644 • CT-602 • CT-603 • CT-645 • CT-604 • CT-604 • CT-604 • CT-605 • DTF-621 . • DTF-621 . • DTF-621 • DTF-621 • DTF-621 • DTF-621 • DTF-621 . • DTF-621 . • DTF-621 • D	CT-261 •		
CT-602 • CT-645 • CT-646 • CT-603 • CT-604 • CT-647 • CT-605 • DTF-621 .	CT-501 •	CT-643 •	
CT-603 • CT-646 • CT-604 • CT-605 • DTF-621 . • DTF-621 •	CT-601 •	CT-644 •	
CT-604 • CT-646 • CT-647 • CT-605 • DTF-621 • DTF-621 • DTF-621 • DTF-621 • DTF-621 . • DTF-621 . • DTF-621 • DT	CT-602 •	CT-645 •	
CT-604 • DTF-621 • D	CT-603 •	OT 040	
2 Total tax credits claimed above (enter here and on Part 2, line 3; attach appropriate form for each credit claimed)	CT-604 •	OT 0.47	
2 Total tax credits claimed above (enter here and on Part 2, line 3; attach appropriate form for each credit claimed)	CT-605 •	DTF-621 •	
3 Total tax credits claimed that are refund eligible (see instructions)	2 Total tax credits claimed		oropriate form for each credit
4a If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an <i>X</i> in the box • 4a 4b If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an <i>X</i> in the box	claimed)		
4b If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an <i>X</i> in the box	3 Total tax credits claimed	d that are refund eligible (see instructions)	
in the box	4a If you claimed the QEZI	E tax reduction credit and you had a 100% zon	e allocation factor, mark an X in the box • 4a
	,	, ,	·

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Department of Taxation and Finance

Prior Net Operating Loss Conversion (PNOLC) Subtraction

CT-3.3

Legal name of corporation	Employer identification number (EIN)			
OPEN SOURCE MATTERS, INC	76-0803008			
Attach to Form CT-3 or CT-3-A. All filers complete all schedules.				
CT-3-A filers: Enter the total number of members in the combined group in the current tax period				
(see instructions)				

Schedule A - PNOLC subtraction pool detail and tax period allotment (see instructions)

All filers: Complete all information each tax period.

CT-3-A filers: Enter all requested information in each column for each combined member that was in the group for the tax period.

	A CT-3 filer or CT-3-A combined members			B Base year
	Name	EIN	If non-taxpayer, mark an X	end date
Α	OPEN SOURCE MATTERS, INC	• 76-0803008		12-31-14
В	•			•
С	•			•
D	•			•
Е	•			•
F				•
G	•			•
Н	•			•
I	•			
J	•	•		•

	C Tax period count	D Unabsorbed net operating loss (UNOL)	E PNOLC subtraction pool	F PNOLC subtraction allotment %	G Tax period PNOLC subtraction allotment (column E x column F)	H Remaining PNOLC subtraction pool [column E - (column C x column G)]
Α	• 4	• 79,642.	• 79,642.	100.		
В	•	•		•	•	
С	•	•		•		
D	•	•		•		
E	•	•		•		
F	•	•		•		
G	•	•		•		
Н	•	•		•		
ı	•	•		•		
J	•	•				
	s from hed sheet(s)					
1 To	tals 1	• 79,642.	• 79,642.			

Sc	hedule B - Overall limitation on PNOLC subtraction (All filers must complete	e S	chedule B)
1	Apportioned business income after addback for the current tax period (from Form CT-3 or CT-3-A,		
	Part 3, line 15; if zero or less, enter 0 on line 5)	1	
2	Multiply line 1 by your appropriate business income base tax rate for the current tax period from		
	the Tax rates schedule table 1, 2, 3, or 4 in Form CT-3-I or CT-3-A-I (round the result up to the next		
	highest whole dollar)	2	
3	Greater of the capital base tax or the fixed dollar minimum tax for the current tax period		
	(from Form CT-3 or CT-3-A, Part 2, line 1b or 1c)	3	372.
4	Subtract line 3 from line 2 (if zero or less, enter 0)	4	
5	Maximum amount of the PNOLC subtraction to be deducted in the current tax period (if line 4 is zero,		
	enter 0; otherwise, divide line 4 by the same tax rate used for line 2)	5	
Sc	hedule C – Computation of PNOLC subtraction used and unused amount (see instructions)	car	ried forward
1	Tax period PNOLC subtraction allotment (from Schedule A, line 1, column G)	1	
2	Unused PNOLC subtraction carried forward from prior tax period (see instructions) •	2	79,642.
	2a Amount included on line 2 that is a carryforward from entities		
	using the 50% election; if none, enter 0		
3	PNOLC subtraction available for use this tax period (add lines 1 and 2)	3	79,642.
	3a Amount included on line 3 from entities using the 50%		
	election; if none, enter 0		
4	PNOLC subtraction used in the current tax period (see instructions).	4	
	4a Amount included on line 4 from entities using the 50%		
	election; if none, enter 0		
5	Unused PNOLC subtraction to be carried forward (see instructions).	5	79,642.
	5a Amount included on line 5 from entities using the 50%		
	election; if none, enter 0		
6	Remaining PNOLC subtraction pool (from Schedule A, line 1, column H)	6	
7	Unexhausted PNOLC subtraction (add lines 5 and 6)	7	79,642.

Note: You **must** complete and attach Form CT-3.3 to Form CT-3 or CT-3-A for each tax period for which you or any member of the combined group claim a PNOLC subtraction or carry a PNOLC subtraction balance.





Net Operating Loss Deduction (NOLD)

CT-3.4

Le	gal name of corporation	Employ	er identif	ication number (EIN)
0	PEN SOURCE MATTERS, INC	76	-080	3008
Att	ach to Form CT-3 or CT-3-A; see Form CT-3.4-I before completing.			
1	Multiply Form CT-3 or CT-3-A, Part 3, line 17, by your appropriate business income base tax rafor the current year from the <i>Tax rates schedule</i> in Form CT-3-I or CT-3-A-I	ate •	1	
	Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year (from Form CT-3 or CT-3-A, Part 2, line 1b or 1c)	ar •	2	
3	Subtract line 2 from line 1	•	3	
4	Maximum allowable amount of the NOLD to be deducted in the current tax year (divide line 3 b same business income base tax rate used for line 1; do not enter less than zero)	y the	4	
Cor	nputation of available net operating losses (NOLs) (see instructions)			
5a	NOLs incurred on or after January 1, 2015 and before current year, which have not been previously used	3.		
5b	NOL incurred in the current year	L		
5с	Carryback of NOL from a subsequent year			
5d	Add lines 5a through 5c	9.		
5e	NOLs expired before current year			
5	Total NOLs available in this period (subtract line 5e from line 5d)	•	5	132,189.
6	NOLD to be used in the current tax year (see instructions)	•	6	
7	Unused NOLD (subtract line 6 from line 5; do not enter less than zero).	•	7	132,189.

Schedule A - Apportioned business income or loss (must be completed for each tax period; see instructions)

	Α	В	С	D
Tax period b ending	eginning and g dates	Amount from Form CT-3 or CT-3-A, Part 3, line 17 for the period in column A	When column B is not a loss, enter the ending dates of the tax period(s) that generated an NOL used to reduce the amount in column B (see instr.; if necessary)	Election to waive carryback
07-01-17	06-30-18	-85,741.		X
01-01-17	06-30-17	-38,178.		
01-01-16	12-31-16	-8,270.		
01-01-16				
				-
				-
				1
				-
				-
				-
				-

Note: You must complete and attach Form CT-3.4 to Form CT-3 or CT-3-A each tax year.



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Schedule B - New members included in the combined group for the current tax period; Form CT-3-A filers only (see instructions)

i orini or o it more only (oco morraonomo)		_		
A Name	B EIN	C NOL available at the beginning of this tax period	Beginning date of this tax period (mm-dd-yy)	Ending date of this tax period (mm-dd-yy)

Schedule C - Former members not included in the combined group for the current tax period; Form CT-3-A filers only (see instructions)

A Name	B EIN	C NOL available at the beginning of this tax period	D Beginning date of this tax period (mm-dd-yy)	E Ending date of this tax period (mm-dd-yy)



Department of Taxation and Finance New York State Modifications

CT-225

37

Tax Law - Articles 9-A, 22, and 33

Lege	l na	me of corpor	ration							Emi	oloyer	identification number (EIN)	
OF	ΕN	SOURCE	Ξ M2	ATTERS, INC						76	5-08	03008	
File	th	is form w	vith	Form CT-3, CT-3-S,	or C	T-33.							
Con	ple	ete all pa	rts tl	hat apply to you. Se	e For	m CT-2	25	-I, Instru	uctions f	or Form CT-225			
Iden	ify	the return	ı you	ı are filing by marking	an X	in the bo	x:	CT-3 ●	X C.	T-3-S •	-33 •		
Scł	e	dule A -	· Ce	ertain New York	Stat	te addi	tic	ons to	federa	al income			
Part	1	- For cer	tain	additions to federa	al inc	ome tha	t (did not	flow thr	ough from a pa	rtneı	ship, estate, or trust	
1 N	lev	v York Sta	te ac	dditions (see instructions	s)								
	N	Modification number		Amount			r	Modification number	on	Amount			
1a	L		•	Amount 741	00	1i			on •	Amount	00		
1a 1b	•	number	•		00	1i 1j	•	number		Amount	00		
	•	number A - 505	++		_		•	number	•	Amount			
1b	•	number A - 505 A -	•		00	1j	•	number A - A -	•	Amount	00		
1b 1c	•	number A - 505 A - A -	•		00	1j 1k	•	A - A - A -	•	Amount	00		
1b 1c 1d	•	number A - 505 A - A -	•		00 00 00	1j 1k 1l	•	number A - A - A - A -	•	Amount	00		
1b 1c 1d 1e	•	number A - 505 A - A - A -	•		00 00 00	1j 1k 1l 1m	•	A - A - A - A - A -	•	Amount	00 00 00 00		
1b 1c 1d 1e 1f	•	A - 505 A - A - A - A - A - A - A -	•		00 00 00 00	1j 1k 1l 1m 1n	•	A - A - A - A - A - A -	•	Amount	00 00 00 00		
1b 1c 1d 1e 1f 1g 1h	•	A - 505 A - A - A - A - A - A - A - A - A - A -	•		00 00 00 00 00 00	1j 1k 1l 1m 1n 1o	•	A - A - A - A - A - A - A - A - A -		Amount	00 00 00 00 00		

Part 2 - Corporation's share of certain additions to federal income from a partnership, estate, or trust

3 New York State additions (see instructions)

	ı	Modification number		Amount			N	lodification number		Amount	
3a	•	EA -	•	0	00	3i	•	EA -	•	0	00
3b	•	EA -	•	0	00	3j	•	EA -	•	0	00
3с	•	EA -	•	0	00	3k	•	EA -	•	0	00
3d	•	EA -	•	0	00	31	•	EA -	•	0	00
3e	•	EA -	•	0	00	3m	•	EA -	•	0	00
3f	•	EA -	•	0	00	3n	•	EA -	•	O	00
3g	•	EA -	•	0	00	30	•	EA -	•	O	00
3h	•	EA -	•	0	00	3р	•	EA -	•	O	00
Tota	ıl f	rom addition	on	al Form(s) CT-225, if any	_					0	00

٠,	4 Total (add lines 3a through 3p and the total from additional Form(s) CT-225)	• 4	4		00
	5 Total additions (add lines 2 and 4; see instructions)	• :	5	741	00

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Schedule B - Certain New York State subtractions from federal income

Part 1 - For certain subtractions from federal income that did not flow through from a partnership, estate, or trust

6 New York State subtractions (see instructions)

		Modification number		Amount			N	Modification number		Amount
6a	•	S-	•		00	6i	•	S-	•	00
6b	•	S-	•		00	6j	•	S-	•	00
6c	•	S-	•		00	6k	•	S-	•	00
6d	•	S-	•		00	61	•	S-	•	00
6e	•	S-	•		00	6m	•	S-	•	00
6f	•	S-	•		00	6n	•	S-	•	00
6g	•	S-	•		00	60	•	S-	•	00
6h	•	S-	•		00	6р	•	S-	•	00
Tot	al f	rom addition	onal Fo	rm(s) CT-225, if any	,				Γ	00

Part 2 - Corporation's share of certain subtractions from federal income from a partnership, estate, or trust

8 New York State subtractions (see instructions)

	Ī	Modification number		Amount			ı	Modification number		Amount	
8a	•	ES-	•		00	8i	•	ES-	•		00
8b	•	ES -	•		00	8j	•	ES -	•	1	00
8c	•	ES -	•		00	8k	•	ES -	•	1	00
8d	•	ES -	•		00	81	•	ES -	•	1	00
8e	•	ES -	•		00	8m	•	ES -	•	1	00
8f	•	ES -	•		00	8n	•	ES -	•	1	00
8g	•	ES -	•		00	80	•	ES -	•	1	00
8h	•	ES -	•		00	8p	•	ES -	•		00
Tota	al f	rom addition	on	al Form(s) CT-225, if a	any .						00

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CT-3-M

Department of Taxation and Finance

General Business Corporation MTA Surcharge Return

Tax Law - Article 9-A, Section 209-B

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2017. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

5.0	wiii not be processed and wiii no	t bo concider	ou minory	mod. 710 d 100dit,	-		•			
	Amended return	All file	rs must ei	nter tax period: begi	nning	07-0	1-17	ending	06-3	30-18
Emp	er identification number (EIN) File number Business telephone number					If you c	laim an ment, mark			
	76-0803008	AA9	347-	425-9397					the box	X
-	al name of corporation				Trade name	e/DBA				
	PEN SOURCE MATTERS,	INC			C+=+= == ==			Data massivas	/fan Tau Danas	
	ing name (if different from legal name above)				State or cou	antry of incor	poration	Date received	(Ior Tax Depar	tment use only)
C/O Num	ber and street or PO box				Date of inco	ornoration				
	O BOX 4668 #88354				01-0	•				
City	O BOX 4000 #00334	State	ZIP code		Foreign corp	oorations: da	te began			
M	EW YORK	NY	1016	3-4668	business in N	NYS				
	ou need to update your address or				r other ta	ax types.	you car	n do so on	line. See I	Business
	ormation in Form CT-1.			,		, , , , , , , , , , , , , , , , , , ,	,			
ile	this form with your Form CT-3 or C7	Γ-3-A. Before o	completing	g this return, see F	orm CT-	3-M-I, <i>Ins</i>	structions	s for Form	CT-3-M.	
Α.	Pay amount shown on line 12. Make	payable to: Ne	w York Sta	ate Corporation Tax				Paymen	t enclosed	
◀				-		Α				
Co	mputation of MTA surcharge)								
1	New York State franchise tax (see instru	ıctions)				. • 1				372.
2	MCTD apportionment percentage from	n line 82				. • 2			100.	0000 %
3	Apportioned franchise tax (multiply line	1 by line 2)				. • 3				372.
4	MTA surcharge (multiply line 3 by 28.3%	(.283))				. 4				105.
	Total prepayments from line 91 Underpayment (subtract line 7 from line 4 Additional amount for 2018 MFI (see in Balance due (add lines 8a and 8b) Estimated tax penalty (see instructions; in Interest on late payment (see instructions. Late filling and late payment penalties (Balance due (add lines 8c through 11 and Excess prepayments (subtract line 4 from Amount previously credited to 2018 M Overpayment (subtract line 13b from line Amount of overpayment to be credited Amount of overpayment to be credited Amount of overpayment to be refunded.	nstructions) mark an X in the base for Form CT-3 or see instructions for enter here; enter in line 7) FI (see instruction 13a) I to New York Sal to MTA surchas	oox if Form C r CT-3-A) or Form CT-3 the payment ns)	CT-222 is attached) R or CT-3-A). R amount on line A above A sisse tax (see instruction at period (see instruction).	e)	9 10 11 12 13a 13b 13c 14 15				610. 610.
		OTD	.4.*		, .					
SCI	nedule A - Computation of M	appor טוטו	tionme	T	(see ins	truction	s <i>)</i>		1	
Ave	erage value of property (see instr			A MCTD			New	B V York State		
17	· · · · · · · · · · · · · · · · · · ·		<u> </u>							
18	· · · · · · · · · · · · · · · · · · ·									
19	Inventories owned									
20	Tangible personal property owned (see	*								
21	Tangible personal property rented (see									
22	Total (add lines 17 through 21 in columns /									2.1
23	MCTD property factor (divide line 22, co	lumn A, by line 22	, column B) .			•	23			%

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Rec	eipts from: (see instructions for lines 24 through 76)		A MCTD	B New York State
Sect	ion 210-A.2		INIOTE	140W FOIR Oldle
24	Sales of tangible personal property	24		
25	Sales of electricity	25		
26	Net gains from sales of real property	26		
	ion 210-A.3			
27	Rentals of real and tangible personal property	27		
28	Royalties from patents, copyrights, trademarks, and similar intangible			
	personal property	28		
29	Sales of rights for certain closed-circuit and cable TV transmissions			
	of an event	29		
Sect	ion 210-A.4			
	Sale, licensing, or granting access to digital products	30		
	ion 210-A.5(a)(1) - Fixed percentage method for qualified finan			
31	If this irrevocable election was made on Form CT-3 or CT-3-A , mark an ${\it X}$ in the	ne bo	x (see Form CT-3-I or CT-3-A-I, line 8	31 instructions)
Sect	ion 210-A.5(a)(2) - Mark an X in each box that is applicable (se	e Fo	urm CT-3-I or CT-3-A-I line 8 instr	ructions)
	tion 210-A.5(a)(2)(A)		1	
		22		
32 33	Interest from loans secured by real property	32		
34	Interest from loans not secured by real property	33		
34	(QFI)	34		
35	Net gains from sales of loans not secured by real property	34		
-	(QFI)	35		
Sec	tion 210-A.5(a)(2)(B) (QFI)			
36	Interest from federal debt	36		
37				ı
38	Interest from NYS and its political subdivisions debt	38		
39	Net gains from federal, NYS, and NYS political subdivisions debt	39		
40	Interest from other states and their political subdivisions debt	40		
41	Net gains from other states and their political subdivisions debt	41		
Sec	tion 210-A.5(a)(2)(C) (QFI 📖)			
42	Interest from asset-backed securities and other government agency debt $\mbox{.}$.	42		
43	Net gains from government agency debt or asset-backed securities			
	sold through an exchange	43		
	Net gains from all other asset-backed securities	44		
	tion 210-A.5(a)(2)(D) (QFI)			
45	Interest from corporate bonds	45		
46	Net gains from corporate bonds sold through broker/dealer or	40		
47	licensed exchange	46		
	Net gains from other corporate bonds	47	+	
	tion 210-A.5(a)(2)(E) Net interest from reverse repurchase and securities borrowing agreements.	48		
	tion 210-A.5(a)(2)(F)	40		
	Net interest from federal <u>funds</u>	49		
	tion 210-A.5(a)(2)(I) (QFI)	73		
	Net income from sales of physical commodities	50		
	tion 210-A.5(a)(2)(J) (QFI 🔲)			
	Marked to market net gains.	51		
	tion 210-A.5(a)(2)(H) (QFI)	Ť		
	210-A.5(a)(2)(G) (QFI)			
52	Interest from other financial instruments	52		
53	Net gains and other income from other financial instruments	53		



Rece	eipts from: (continued)		A MCTD		B New York State
Sec	tion 210-A.5(b)				
54	Brokerage commissions	54			
55	Margin interest earned on behalf of brokerage accounts	55			
56	Fees for advisory services for underwriting or management of underwriting $\ \ .$	56			
57	Receipts from primary spread of selling concessions	57			
58	Receipts from account maintenance fees	58			
59	Fees for management or advisory services	59			
60	Interest from an affiliated corporation	60			
Sec	tion 210-A.5(c)				
61	Interest, fees, and penalties from credit cards	61			
62	Service charges and fees from credit cards	62			
63	Receipts from merchant discounts	63			
64	Receipts from credit card authorizations and settlement processing.	64			
65	Other credit card processing receipts	65			
	tion 210-A.5(d)				
	Receipts from certain services to investment companies	66			
	tion 210-A.6				
	Receipts from railroad and trucking business	67			
	tion 210-A.6-a				
	Receipts from the operation of vessels	68			
Sec	tion 210-A.7				
69	Receipts from air freight forwarding	69			
70	Receipts from other aviation services	70			
Sec	tion 210-A.8				
71	Advertising in newspapers or periodicals	71			
72	Advertising on television or radio	72			
73	Advertising via other means	73			
Sec	tion 210-A.9				
74	Transportation or transmission of gas through pipes	74			
	tion 210-A.10				
	Receipts from other services/activities not specified	75			
Sec	tion 210-A.11				
76	Discretionary adjustments	76			
77	Total (add lines 24 through 76 in columns A and B)				
78	MCTD receipts factor (divide line 77, column A, by line 77, column B)				• 78
Pay	roll		A MCTD		B New York State
79	Wages and other compensation of employees except general			•	
	executive officers	79			
80	MCTD payroll factor (divide line 79, column A, by line 79, column B)				• 80
81	Total MCTD factors (add lines 23, 78, and 80)				
82	MCTD apportionment percentage (Divide line 81 by three; if a factor is missing	, see	instructions.		
	Enter here and on line 2.)				82 100.0000

83 Mandatory first installment from Form CT-300 (see instructions). 84 Second installment from Form CT-400. 85 Third installment from Form CT-400. 86 Fourth installment from Form CT-400. 87 Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13. 88 Overpayment credited from prior years (see instructions). 88 Overpayment credited from prior years (see instructions). 89 Add lines 83 through 88. 90 Overpayment credited from Form CT- 91 Total prepayments (add lines 89 and 90; enter here and on line 7). 89 Total prepayments (add lines 89 and 90; enter here and on line 7). 89 Designee's phone number DANIELLE HLATKY Designee's e-mail address PIN 3264 Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete. Printed name of authorized person Signature of authorized person Official title	Compos	ition of prepayments claimed on	line 7 (see instructions	S) Dat	e paid	Amount		
85 Third installment from Form CT-400. 86 Fourth installment from Form CT-400. 87 Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13. 88 Overpayment credited from prior years (see instructions). 88 S S S S S S S S S S S S S S S S S S	83 Manda	atory first installment from Form CT-300 (see	instructions)	83			140) .
86 Fourth installment from Form CT-400	84 Secon	d installment from Form CT-400		84				_
87 Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	85 Third i	nstallment from Form CT-400		85				
88 575 89 Add lines 83 through 88. 89 715 90 Overpayment credited from Form CT- Period 90 91 Total prepayments (add lines 89 and 90; enter here and on line 7). 91 715 Third - party designee (see instructions) Designee's name (print) DANIELLE HLATKY Designee's e-mail address PIN 3264 Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.	86 Fourth	installment from Form CT-400		86				
89 715 90 Overpayment credited from Form CTPeriod	87 Payme	nt with extension request from Form CT-5, line 10,	or Form CT-5.3, line 13	87				
90 Overpayment credited from Form CT- 91 Total prepayments (add lines 89 and 90; enter here and on line 7). Third - party designee (see instructions) Designee's e-mail address Designee's e-mail address PIN 3264 Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.	88 Overp	ayment credited from prior years (see instruction	ons)		88	3	575	<u>.</u>
91 Total prepayments (add lines 89 and 90; enter here and on line 7). Third - party designee (see instructions) Designee's name (print) Designee's name (print) Designee's e-mail address PIN 3264 Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.	89 Add li	nes 83 through 88			89)	715	5.
91 Total prepayments (add lines 89 and 90; enter here and on line 7). Third - party designee (see instructions) Designee's name (print) Designee's name (print) Designee's e-mail address PIN 3264 Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.	90 Overp	ayment credited from Form CT-	Period		90)		
designee (see instructions) Designee's e-mail address Designee's e-mail address PIN 3264 Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.							715	5.
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.	designee	DANIELLE HL	ATKY		1			
	Certification		e to the best of my knowledge a	and belief true, c	orrect, and o		3204	
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Authorized MIKE DEMOPOULOS TREASURER	Authorized	MIKE DEMOPOLITOS			TREAS	SIIRER		
Person E-mail address of authorized person Telephone number Date	Person			Telephone r				
Firm's name (or yours if self-employed) Firm's EIN Preparer's PTIN or SSN		Firm's name (or yours if self-employed)	Fi	rm's EIN		Preparer's P	TIN or SSN	
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preparer use Signature of individual preparing this return USE SIGNATURE OF INDIVIDUAL PROPARING THIS PROPAGE OF THE PROPAGE O	use	Signature of individual preparing this return A	IJJ KOBCIOBZ			•		
only (see instr.) E-mail address of individual preparing this return Preparer's NYTPRIN or Excl. code Date	1	E-mail address of individual preparing this return	Pre		or Excl.	code Date		_

See instructions for where to file.

