Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

		of the Tre		Do iid ▶ Go	to www.irs.gov/Fo				,	•		Inspecti	
				ar year, or tax year be				and end				, 20	اکست
				e of organization	<u> </u>					D Employer ide	ntification	on number	
B c	heck if a	pplicable:	OPI	EN SOURCE MATT	ERS, INC.					76-0803	3008		
	Addre			business as	•					1			
	7	e change		per and street (or P.O. box	r if mail is not delivered	to street addre	ess)	Room/sui	te	E Telephone nui	mber		
	+	return	PΩ	BOX 4668 # 88	354					()	_		
	Final	return/		or town, state or province,		eign postal cod	de			,			
	termii Amen	nded	NEV	Y YORK, NY 101	63-4668					G Gross receipts	s \$	406	462.
		cation		e and address of principal		I ABRAHA	Τ.Τ.			H(a) Is this a grou			X No
_	_ pendi	ing		BOX 4668 #883	11011111					subordinates H(b) Are all subord			No
_	Tay-ey	empt sta			•	nsert no.)	4947(a)(1)	or	527	⊣ '''		. (see instructions)	
				JOOMLA.ORG	001(c) () ((ii	iseit iio.)	4947 (a)(1)	01	321	-			
		of organi			rust Association	Other		I Vo	or of forms	H(c) Group exemple ation: 2005 M			NY
			mmary		ust Association	Other		Lite	ai oi ioiilia	ation. 2003 IVI	State of	regai domicile.	
	art I					fi 4 41. 341.	ODEM (COLIDAR	ו מקוע		ו ידיואים	MANTA CEMENT	TT C
4	1	Briefly	aescri	oe the organization's m	ission or most signi	ticant activitie	es: OPEN 3	SOURCE	WEB 1	BASED CONT.	FINT 1	MANAGEMEN	1 5
nce													
Governance	_			.									
ove			this bo		zation discontinued	•	•				1 1		1.0
				ting members of the g							3		10.
S S				dependent voting mem							4		
itie				of individuals employe							5		0.
Activities &	6	Total r	number	of volunteers (estimate	if necessary)						6		15.
ď	7a	Total u	unrelate	ed business revenue fro	m Part VIII, column ((C), line 12					7a		0.
	b	Net un	related	business taxable inco	ne from Form 990-T	, line 34					7b		
										Prior Year		Current Yea	ar
ø)	8	Contril	butions	and grants (Part VIII, li	ne 1h)					91	.0.		0.
ž	ı			ice revenue (Part VIII, li						126,20	8.	405,	805.
Revenue				come (Part VIII, colum							0.		657.
Ř				e (Part VIII, column (A)							0.		0.
	12			- add lines 8 through						127,51	8.	406,	
				milar amounts paid (Pa							0.		0.
	ı			to or for members (Par							0.		0.
				er compensation, emplo						0.			0.
Expenses	ı			fundraising fees (Part I)							0.		0.
ben	ı							· · · · ·			0.		
E				sing expenses (Part IX,						165,69	6	492,	0.4.4
	17	Other	expens	es (Part IX, column (A)	, iines 11a-110, 111-2	24e)	05)		•	165,69		492,	
	ı			es. Add lines 13-17 (m						-38,17		-86,	
- S	19	keven	ue iess	expenses. Subtract lin	e 18 from line 12							End of Year	
Net Assets or Fund Balances	22	T		D+ V II- 40\					Degi			339,	
SSE	20			Part X, line 16)					• •	423,49	_		
nd A	21			s (Part X, line 26)					• -	8,00			831.
				fund balances. Subtra	ct line 21 from line 2	0				415,49	3.	329,	011.
	rt II			Block									
true	der per e, corre	naities of ect, and o	t perjury complete	, I declare that I have exa e. Declaration of preparer (amined this return, inc other than officer) is ba	ased on all info	panying schedi ormation of whi	ules and st ich prepare	atements, r has any l	and to the best of knowledge.	my kno	owledge and beli	iet, it is
					·								
Sig	n) ,	0:	e of officer						08/1	5/20.	18	
He		'	J							Date			
				DEMOPOULOS			TREASU	RER					
			· · · · · · · · · · · · · · · · · · ·	print name and title	Τ=			T-					
Paic		Print/1	Type pre	parer's name	Preparer's	signature		Date			if PT		
	ı oarer	DANI	ELLE	HLATKY						self-employe	ed	P01403210)
	Only	Firm's		▶PIPIA COHEN						Firm's EIN ▶ 2	6-42	68100	
_	Cilly	Firm's	address	▶195 KOSCIUSZ	KO ST BROOKI	LYN, NY	11216			Phone no. 3	47-4	25-9397	
May	the	IRS di	scuss	this return with the p	reparer shown al	oove? (see	instructions)					X Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

P		Statement of Program Service		• III						
_			esponse or note to any line in this Par	t III						
1	•	scribe the organization's mission:								
	A.I.I.YC	CHMENT 1								
2			cant program services during the ye							
	prior Forr	n 990 or 990-EZ?			Yes X No					
	If "Yes," d	lescribe these new services on So	chedule O.							
3	Did the	organization cease conducting,	or make significant changes in h	now it conducts, any prograi	m					
	services?									
4	Describe	the organization's program ser	vice accomplishments for each of i	ts three largest program serv	ices, as measured by					
			4) organizations are required to rep							
		expenses, and revenue, if any, for		Ğ	·					
		• • • •								
40	(Codo:) (Expenses \$	36,854. including grants of \$) (Payanua ¢	1					
4a					85,746.					
			N SOURCE WEB BASED CONTEN							
	SYSTEM	WHICH IS FREE AND AVAI	LABLE TO ANYONE- CONFEREN	ICES						
	(O1 -) /F	'a also d'a so sona a ta a t 🐧	\ (D	1					
4b	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)					
4c	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)					
	-									
4d	-	ogram services (Describe in Sched	dule O.)							
	(Expense	s\$ including gra	nts of \$) (Revenue	e \$)						
4e	· ·		236,854.							

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		37
_	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			37
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Х
11	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
• •	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,"			
u	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			3.5
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		7.7
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
10	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?	10		21
	If "Yes," complete Schedule G, Part III	19		Х
	,			

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			3.7
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	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	24c		
	to defease any tax-exempt bonds?	24d		
		24u		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	ZJa		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	· · · · · · · · · · · · · · · · · · ·	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
	Schedule L. Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
		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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	3	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance Nο 0. 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and 1c reportable gaming (gambling) winnings to prize winners? 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 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?...... Χ 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **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 Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g 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?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. Χ 9a Χ b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ 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

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Χ

Form 9	90 (2017) OPEN SOURCE MATTERS, INC. 76-08	803008	F	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b bel	ow, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
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	10		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit	n 📗		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	ot		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	I .		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	١ -		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir	nt		
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	3,		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	g		
	the year by the following:			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?			X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u> </u>	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>ie Code</u>	т' —	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10		7.7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes			
	describe in Schedule O how this was done			37
13	Did the organization have a written whistleblower policy?			X
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		1		X
	with a taxable entity during the year?			21
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it 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?			
Secti	on C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for 990-T (Section 6104 requires and organization for 990-T (Section 6104 requires and 090-T (ion 501/	c)(3)e	Only)
.0	available for public inspection. Indicate how you made these available. Check all that apply.	511 55 1 (1	J)(J)S	J. 119)
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interest	policy	, and

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

PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216 347-425-9397

financial statements available to the public during the tax year.

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

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

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

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

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

Sheck 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 (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	1 14 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)ROBERT JACOBI	0.									
PRESIDENT	0.			Х				0.	0.	0.
(2)MICHAEL DEMOPOULOS	0.									
TREASURER	0.	1		Х				0.	0.	0.
(3)LUCA MARZO	0.									
SECRETARY	0.			Х				0.	0.	0.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title		Position (do not check more than obox, unless person is both officer and a director/trus or director/trus employ or director/trus				is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Esi am comp fro	(F) timated ount of other pensation om the anizatio	f on
		organizations below dotted line)	Individual trustee or director	Institutional trustee	xer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and	related nization	b
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	· -						>	0.		0.			0.
	Total number of individuals (including but not learnership) reportable compensation from the organization	limited to tl		iste				re		\$100,000 c				
		<u> </u>											Yes	No
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>											3		X
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	lf	"Yes	," (complete Schedu	le J for s	such	4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen	sati	on f	from	n any	uni	related organization	on or individ	dual	5		Х
	ction B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	Iress							(B) Description of se	rvices	Co	(C) ompens	ation	
								+						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VIII	Statement of Revenue
	Object 20 October 19 O

		Check if Schedule O contains a respor	ise or note to ar	ny line in this Part VI	<u> </u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above 1f					
a So	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		0.			
'n			Business Code				
eve	2a	ADVERTISING INCOME	541800	47,083.	47,083.		
e R	b	DEMO SITE HOSTING		96,510.	96,510.		
ζic	С	EVENT SPONSORSHIP		85,764.	85,764.		
Ser	d	JOOMLA.COM AFFILIATE REVENUE		77,100.	77,100.		
Ē	e	OTHER AFFILIATE REVENUE		332.	332.		
gra	f	All other program service revenue		99,016.	99,016.		
Program Service Revenue	g	Total. Add lines 2a-2f		405,805.			•
	3	Investment income (including dividen and other similar amounts). ATTACHMENT	ds, interest,	403,803.	657.		
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties	▶	0.			
	6a b c	Gross rents	(ii) Personal	0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other				
	d	Net gain or (loss)		0.			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
•	С	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b Net income or (loss) from gaming activities.		0.			
	C			0.			
	10a	Gross sales of inventory, less returns and allowances					
	b b	Less: cost of goods sold	<u></u>	0.			
		Miscellaneous Revenue	Business Code				
	11a	STATE TAX REFUND					
	b	FEDERAL TAX REFUND					
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		406,462.	406,462.		

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Part IX Statement of Functional Expenses

) (' F04/-)/0) 1 F04/-)/4)	organizations must complete all columi	A II (I	- (1 / ^ \

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
á	a Management	0.			
	Legal	27,251.		27,251.	
(Accounting	16,800.		16,800.	
C	d Lobbying	0.			
•	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
ç	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	868.		868.	
13		2,354.		2,354.	
14	Information technology	0.			
15		0.			
	Occupancy	0.	124 250		
	Travel	134,378.	134,378.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	226 054		
	Conferences, conventions, and meetings	236,854.	236,854.	100	
	Interest	100.		100.	
	Payments to affiliates	14,396.	14,396.		
	Depreciation, depletion, and amortization	1,770.	1,770.		
	Insurance ATCH 4	1,770.	1,770.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	BANK SERVICE CHARGES	3,609.		3,609.	
_	PRINTING AND REPRODUCTION	3,539.	3,539.	,	
_	POSTAGE AND MAILING SERVICE	14,331.	-,	14,331.	
	CODING AND DEVELOPMENT	32,726.	32,726.	,	
	All other expenses	3,968.	577.	3,391.	
	Total functional expenses. Add lines 1 through 24e	492,944.	424,240.	68,704.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			
		0.			

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Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X.										
					(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing			352,768.	1	324,991.				
	2	Savings and temporary cash investments			0.	2	0.				
	3	Pledges and grants receivable, net			0.	3	0.				
	4	Accounts receivable, net			5,500.	4	0.				
	5	Loans and other receivables from current and t	forme	r officers, directors,							
		trustees, key employees, and highest co	omper	nsated employees.							
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.				
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B).	ons (as	defined under section							
		and sponsoring organizations of section 501(c)(9) volu	intary	employees' beneficiary							
Ø		organizations (see instructions). Complete Part II of Sche			0.		0.				
Assets	7	Notes and loans receivable, net			0.	<u> </u>	0.				
As	8	Inventories for sale or use Prepaid expenses and deferred charges			0.		0.				
	9	Prepaid expenses and deferred charges		ATCH 3	35,978.	9	0.				
	10 a	Land, buildings, and equipment: cost or									
			10a		00.045		14 051				
		Less: accumulated depreciation			29,247.		14,851.				
	11	Investments - publicly traded securities			11	0.					
	12	Investments - other securities. See Part IV, line 11				12	0.				
	13	Investments - program-related. See Part IV, line 11		13	0.						
	14 15	Intangible assets		14 15	0.						
	16	Other assets. See Part IV, line 11			423,493.		339,842.				
_	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			8,000.		10,831.				
	18	Grants payable		18	0.						
	19	Deferred revenue		19	0.						
	20	Tax-exempt bond liabilities		20	0.						
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D		21	0.				
S	22	Loans and other payables to current and for									
Liabilities		trustees, key employees, highest compen									
abi		disqualified persons. Complete Part II of Schedule	L		0.	22	0.				
=	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	0.	23	0.				
	24	Unsecured notes and loans payable to unrelated	third p	arties	0.	24	0.				
	25	Other liabilities (including federal income tax,	payab	les to related third							
		parties, and other liabilities not included on lines		· .							
		of Schedule D			0.		0.				
_	26	Total liabilities. Add lines 17 through 25			8,000.	26	10,831.				
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ► X and							
au	27	Unrestricted net assets			415,493.	27	329,011.				
Bal	28	Temporarily restricted net assets			0.	28	0.				
pq	29	Permanently restricted net assets		<u></u>	0.	29	0.				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	k here 🕨 🔛 and								
st s	30	Capital stock or trust principal, or current funds				30					
SSE	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31					
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32					
Š	33	Total net assets or fund balances			415,493.	33	329,011.				
_	34	Total liabilities and net assets/fund balances			423,493.	34	339,842.				

OIIII J	70 (2011)				gc • =
Part					
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		406,	462.
2	Total expenses (must equal Part IX, column (A), line 25)	2		492,	944.
3	Revenue less expenses. Subtract line 2 from line 1	3		482.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		415,	493.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		329,	011.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor				
	reviewed on a separate basis, consolidated basis, or both:	•			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	,	
-	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversial	nt		
·	of the audit, review, or compilation of its financial statements and selection of an independent act	_		:	
	If the organization changed either its oversight process or selection process during the tax year, or				
	Schedule O.	oxpiaii i	.		
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i	in		
Ja	the Single Audit Act and OMB Circular A-133?	,	''' 3a	1	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lerao th	• • —		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	,	

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Employer identification number

$\overline{}$	en Source Matters, Inc. art I Organizations Maintaining Donor Advised Funds or Other Sin	nilar Funds or	- /6-0803008
Га	Complete if the organization answered "Yes" on Form 990, Par		Accounts.
	(a) Donor advised f		(b) Funds and other accounts
		unus	(b) I unus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that t		
_	funds are the organization's property, subject to the organization's exclusive le	-	
6	Did the organization inform all grantees, donors, and donor advisors in writi		
	only for charitable purposes and not for the benefit of the donor or donor a		
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements.	+ I\ / lin o 7	
_	Complete if the organization answered "Yes" on Form 990, Par		
1	Purpose(s) of conservation easements held by the organization (check all that		
	Preservation of land for public use (e.g., recreation or education)		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	n contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in	` '	2c
d	Number of conservation easements included in (c) acquired after 7/25/06,		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extingui	shed, or termin	nated by the organization during the
	tax year		
4	Number of states where property subject to conservation easement is located	>	
5	Does the organization have a written policy regarding the periodic mon	itoring, inspect	ion, handling of
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, a	nd enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations,	and enforcing c	onservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requir	ements of secti	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in	n its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organ	nization's financ	ial statements that describes the
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Art, Historical Treas	ures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not t	o report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, edu	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial state		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to works of art, historical treasures, or other similar assets held for public		
	public service, provide the following amounts relating to these items:	exhibition, edu	cation, of research in futile ance of
	(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		
_	following amounts required to be reported under SFAS 116 (ASC 958) relating		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Par	t Organizations Maintainir	ng Colle	ctions of	Art, Hist	orical T	reasure	es,	or Otl	ner Similar A	sset	s (contin	ued)
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	k any of	f the	follow	ring that are a	sign	ificant use	of its
	collection items (check all that appl	y):										
а	Public exhibition	• ·		d	Loan	or excha	ange	prograi	ms			
b	Scholarly research			e	Other							
С	Preservation for future gener	rations										
4	Provide a description of the organ		collections	and expla	in how t	hev fur	ther	the or	nanization's ex	emnt	nurnose	in Part
•	XIII.	Lation o	Conconc	and oxpic		inoy ran			gamzanorro ox	ompt	paipooo	a.c
5	During the year, did the organization	n solicit c	or receive c	lonations o	fart hist	orical tre	226111	res or	nther similar			
3	assets to be sold to raise funds rath									Г	Yes	No
Dar	t IV Escrow and Custodial Ar			anieu as pa	it of the t	Jigailiza	ation	3 COIIC			163	140
ı aı	Complete if the organizat 990, Part X, line 21.	_		s" on Form	n 990, Pa	art IV, li	ine 9), or re	ported an am	ount	on Form	
1a	Is the organization an agent, truste	e. custoc	dian or othe	er intermed	iarv for c	ontribut	ions	or othe	r assets not			
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement in	n Part XII	I and com	olete the fol	lowing tab	ole:				• ∟		
~	ii 100, explain ille arrangement il		i and comp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	io mig tat	, [Amou	ınt		
С	Beginning balance					ŀ	1c		711100			
4	Additions during the year						1d					
u o												
•	Distributions during the year						1e					
20	Ending balance Did the organization include an am						1f	otodial	a a a a unt li a bilitu	2	Yes	No
2a	=											
	If "Yes," explain the arrangement in	1 Part XII	i. Check no	ere ii the ex	pianation	nas bee	en pr	ovided	on Part XIII			
Par	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.											
	Complete ii the organizat								(d) Thurs was a	a a l	(a) Faurus	
		(a) Cur	rent year	(b) Prio	r year	(c) Two	o year	s dack	(d) Three years b	раск	(e) Four yea	ars dack
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cu	rrent year	end balance	e (line 1g,	column	(a))	held as	:			
а	Board designated or quasi-endown	ient ▶_		_%	, ,		. ,,					
b	Permanent endowment ▶	%										
С	Temporarily restricted endowment	▶	%									
	The percentages on lines 2a, 2b, a	ind 2c sho	ould equal '	100%.								
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	tion that	are held	d and	d admir	nistered for the			
	organization by:										Ye	s No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organiz	zations liste	d as require	ed on Sch	edule R'	?				3b	
4	Describe in Part XIII the intended u											
Par	t VI Land, Buildings, and Equi Complete if the organiza	pment.	1.113.7					44. 0	- F 000			^
	Description of property	tion ansv										0
	Description of property		(inves	other basis tment)	(b) Cost o	ther)	515	depr	cumulated eciation	(u) Book value	
1 a	Land											
b	Buildings	Г										
С	Leasehold improvements											
d	Equipment	The state of the s		45,470.		30,61	9.				14	,851.
е	Other	T T										
Tota	I. Add lines 1a through 1e. (Column		equal Forr	n 990, Part	X, columi	n (B), lin	e 10	c.)			14	,851.

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	D, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
(2) Closely-	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	D, 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 market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	D, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	O, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ue
(1) Feder	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>	
0 Linkilla fo	or upportain tay positions. In Part VIII, provide the		the considerate flags sign statements that accepts the

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	-3
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	.	
C	Recoveries of prior year grants	.	
d	Other (Describe in rate Ain.)	2e	
е 3	Add lines 2a through 2d	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	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.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	-	
c d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. I	ne 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

JSA Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number**

OPEN SOURCE MATTERS, INC. 76-0803008

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SUPPORT JOOMLA! OPEN SOURCE CONTENT MANAGEMENT SYSTEM.

JOOLMLA! IS AN OPENSOURCE WEB BASED CONTENT MANAGEMENT SYSTEM WHICH IS FREE AND AVAILABLE TO ANYONE. THE CORE TEAM OF JOOMLA! IS COMPRISED OF VOLUNTEERS WHO HELP IN DETERMINING THE DIRECTION OF THE PROJECT. OPEN SOURCE MATTERS, INC PROVIDES RESOURCES FOR TRAVEL

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

CONFERENCES, LEGAL AND PROFESSIONAL SUPPORT.

(A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE SAVING ACCOUNT INTEREST 657. 657. 657. TOTALS 657.

ATTACHMENT 3

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

PREPAID EXPENSES

TOTALS

						2017									
Description of Property							ATTACHME	NT 4							
DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007	7,422.	100.000			7,422.	7,236.	7,236.	200DB	MQ			5		
A/V EQUIPMENT	12/01/2016	37,010.	100.000			37,010.	1,851.	15,915.	200DB	MQ			5		14,064.
Lacar Detical Assats															
Less: Retired Assets			_						1						
Subtotals Listed Property		44,432.				44,432.	9,087.	23,151.							14,064
Less: Retired Assets												1			
Subtotals]						
TOTALS		44,432.				44,432.	9,087.	23,151.							14,064
AMORTIZATION															
Asset description	Date placed in service	Cost or basis	-				Accumulated amortization	Ending Accumulated amortization	Code	Life	<u>. </u>				Current-year amortization
			_												
TOTALS															

*Assets Retired

JSA 7X9024 1.000

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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
COMPUTER HARDWARE	12/07/2007	7,422.	100.000			7,422.	7,236.	7,236.					5	·	•
A/V EQUIPMENT	12/01/2016		100.000			37,010.	1,851.		200DE				5		14,064
Less: Retired Assets									,						
Subtotals		44,432.				44,432.	9,087.	23,151.							14,064
Listed Property							<u>.</u>								
Less: Retired Assets									,						
Subtotals															
TOTALS		44,432.				44,432.	9,087.	23,151.							14,064
AMORTIZATION							_								
	Date placed in	Cost or					Accumulated	Ending Accumulated amortization							Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization
<u> </u>															
TOTALS											_				

*Assets Retired

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7.0024 1.000

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

2017
Open to Public
Inspection

A FC	n the	2017	calendar year, or tax year beginning	, 201	r, and	enung	D Francisco id		, ZU		
B Che	ck if ap	plicable:	C Name of organization				D Employer id				
	Addres		OPEN SOURCE MATTERS,	INC.			76-080	1300	8		
	change	e	Doing business as		1_						
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room	n/suite	E Telephone r	umber			
	Initial		PO BOX 4668 # 88354	1715			()				
	Final r	nated	City or town, state or province, country, a								
	Amend		NEW YORK, NY 10163-466				G Gross receip		406,462		
	Applic: pendin		F Name and address of principal officer:	ROWAN ABRAHALL			H(a) Is this a great subordinate		rn for Yes X No		
			PO BOX 4668 #88354 NET	W YORK, NY 10163-4668			H(b) Are all subd	rdinates i	ncluded? Yes No		
<u>I T</u>	ах-ехе	empt st	tatus: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1	l) or	527	If "No,"	attach a	list. (see instructions)		
J V	/ebsit	te: 🕨	WWW.JOOMLA.ORG				H(c) Group exe	mption n	number		
K F	orm o	of organ	nization: X Corporation Trust	Association Other	L	Year of for	mation: 2005 N	State	of legal domicile: NY		
Pa			ımmary								
	1	Briefly	y describe the organization's mission of	r most significant activities: OPEN	SOUR	RCE WEB	BASED CON	TENT	' MANAGEMENT S		
မွ											
Jan											
/eri	2	Check	k this box 🕨 🔃 if the organization d	iscontinued its operations or dispos	sed of n	nore than 2	5% of its net asse	ets.			
Governance	3	Numb	per of voting members of the governing	body (Part VI, line 1a)				3	10.		
∞5			per of independent voting members of t					4	10.		
Activities &			number of individuals employed in cale					5	0.		
ΪΞ			number of volunteers (estimate if necess					6	15.		
Ac			unrelated business revenue from Part V					7a	657.		
			nrelated business taxable income from					7b			
							Prior Year	1.2	Current Year		
	8	Contri	ibutions and grants (Part VIII, line 1h)				9	10.	0.		
Jue			am service revenue (Part VIII, line 2g)				126,2		405,805.		
Revenue			tment income (Part VIII, column (A), line					00.	657.		
			revenue (Part VIII, column (A), lines 5,					0.	0.57		
				127,5		406,462.					
_			revenue - add lines 8 through 11 (must		127,3	0.	400,402.				
			s and similar amounts paid (Part IX, colu		0.	0.					
			fits paid to or for members (Part IX, colu					0.	0 .		
Ses			es, other compensation, employee bene								
Expenses			ssional fundraising fees (Part IX, column			• • •		0.	0.		
EX			fundraising expenses (Part IX, column (I	· · · ·	0.		1.55	2.5	100.011		
			expenses (Part IX, column (A), lines 11				165,6		492,944.		
			expenses. Add lines 13-17 (must equal				165,6	_	492,944.		
_	19	Rever	nue less expenses. Subtract line 18 from	n line 12			-38,1		-86,482.		
Net Assets or Fund Balances						Ве	eginning of Current		End of Year		
sset			assets (Part X, line 16)				423,4		339,842.		
A P			liabilities (Part X, line 26)					00.	10,831.		
			ssets or fund balances. Subtract line 21	from line 20			415,4	93.	329,011.		
Par	t II	Sig	gnature Block								
Unde	er pen	alties o	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	is return, including accompanying sche	edules an	nd statement	s, and to the best	of my l	knowledge and belief, it is		
	000	1	complete: Declaration of proparer (cities that	. Company to Success on an innormation of the	p. 0	paror riao arr					
C: au								15/2	018		
Sign			Signature of officer				Date				
Here	•		MIKE DEMOPOULOS	TREASU	URER						
			Type or print name and title								
		Print/	Type preparer's name	Preparer's signature	Da	ate	Check X	if I	PTIN		
Paid		DAN:	IELLE HLATKY				self-emplo	yed	P01403210		
Prepa		Firm's	s name ▶PIPIA COHEN HLATK	Y LLC			Firm's EIN ▶	26-4	1268100		
Use (JNIY		s address ▶195 KOSCIUSZKO ST				Phone no.		-425-9397		
May	the I		liscuss this return with the preparer		s)			,	. X Yes No		
			Reduction Act Notice, see the separat						Form 990 (2017)		

76-0803008 OPEN SOURCE MATTERS, INC. Form 990 (2017) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. _{236,854.} including grants of \$ 4a (Code:) (Expenses \$) (Revenue \$ 85,746. ACCESS TO AND TRAINING IN OPEN SOURCE WEB BASED CONTENT MANAGEMENT SYSTEM WHICH IS FREE AND AVAILABLE TO ANYONE- CONFERENCES 4b (Code: including grants of \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.)

4e Total program service expenses ▶ 236,854.

including grants of \$

(Expenses \$

JSA 7E1020 1.000 Form **990** (2017) V 17-7.10 PAGE 2

) (Revenue \$

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			3.7
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	па	Λ	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		- 21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		- 21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		Х

Part l	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 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?	256		
20	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		21
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			7.7
00	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			Х
	19? Note. All Form 990 filers are required to complete Schedule O.	38		Λ

Part V Statements Regarding Other IRS Filings and Tax Compliance 0. 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 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?...... Χ 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **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 Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g 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?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. Χ 9a Χ **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ 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 Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

JSA 7E1040 1.000

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 9	90 (2017) OPEN SOURCE MATTERS, INC.	76-0803	8008	F	Page 6
Part		•			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management				N1-
		1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	1a 10			
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	1b 10			
b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	-	2		X
2	any other officer, director, trustee, or key employee?				
3	Did the organization delegate control over management duties customarily performed by or ur		3		X
4	supervision of officers, directors, or trustees, or key employees to a management company or other Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	•	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following:				
а	The governing body?		8a		X
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
C4	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	`	X
Secu	on B. Policies (This Section B requests information about policies not required by the Inte	erriai Reveriue	Code	<i>.)</i> Yes	No
40-	Did the constitution have level shouters branches on efficience		10a		X
	Did the organization have local chapters, branches, or affiliates?		100		
D	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exempt put	-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	= -	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iiig tile loilli: .			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests t				
	rise to conflicts?	_	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the p				
	describe in Schedule O how this was done	-	12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review ar	d approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	•	40-		v
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	sareguard the	16b		
Secti	on C. Disclosure		100		<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 (or 1024 if applicable), 990, and	1 990-T (Section	5016	:)(3)e	only)
.5	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Sch	·	501(0	,,(0,3	Jilly)
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of int	erest	policy	, and

State the name, address, and telephone number of the person who possesses the organization's books and records: PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216 347-425-9397 JSA 7E1042 1.000 Form **990** (2017)

financial statements available to the public during the tax year.

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

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

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

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

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

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

Check this box in heither the organization no		loiga				троп	ouic			
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)ROBERT JACOBI	0.									
PRESIDENT	0.	1		Х				0.	0.	0
(2)MICHAEL DEMOPOULOS	0.									
TREASURER	0.	1		Х				0.	0.	0
(3)LUCA MARZO	0.									
SECRETARY	0.	1		Х				0.	0.	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>										
		<u> </u>								

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	990 (2017) **Example 10	istoos Ka	v Fm	nlo	N/O	26	and F	lial	hest Compensat	ed Employ	VAAS (C	ontinuo		age 8
I ai	(A) Name and title	(B) Average hours per week (list any hours for related	(do r box, office	not cl unles	Pos heck ss pe	ition more rson irect	e than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		from amount of other compensation		
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	anization I related Inization	t
	Cb 4-4-1								0.		0.			0.
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A						>	0.		0.			0.
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				re		\$100,000				
	· · · · · · · · · · · · · · · · · · ·				ıoto		kov. 0	mn	Novoc or bighoo	t compose	otod		Yes	No
	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedi	ule J for su	ch ind	ivid	ual							3		Х
	For any individual listed on line 1a, is the sorganization and related organizations greated organizations	eater than	\$15	0,0	00?	lf	"Yes	n ar ;"	nd other compens complete Schedu	sation from <i>le J for</i>	the such	4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any					5		Х
	tion B. Independent Contractors Complete this table for your five highest com	pensated i	ndene	ende	ent (cont	tracto	rs t	hat received more	than \$100	0.000 of	f		
	compensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompens	ation	
								+						

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.

Form	990 (2	2017) OPEN SOURCE	MATTERS,	INC.		76-08030	008 Page 9
Par	rt VIII						
		Check if Schedule O contains a respon	se or note to ar	ny line in this Part \	/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	1a b c d e f	Federated campaigns					
	h	Total. Add lines 1a-1f	Business Code	0.			
Program Service Revenue	2a b c d	ADVERTISING INCOME DEMO SITE HOSTING EVENT SPONSORSHIP JOOMLA.COM AFFILIATE REVENUE	541800	47,083. 96,510. 85,764. 77,100.	47,083. 96,510. 85,764. 77,100.		
gra	e	OTHER AFFILIATE REVENUE		332.	332.		
ò	f g	All other program service revenue Total. Add lines 2a-2f	•	99,016. 405,805.	99,016.		
	3 4 5	Investment income (including divident and other similar amounts). ATTACHMENT Income from investment of tax-exempt bond Royalties (i) Real	ds, interest, 2 proceeds	657.		657.	
	6a b c	Gross rents		0.			
	7a b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other	0.			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
	с 9а	Net income or (loss) from fundraising events. Gross income from gaming activities.		0.			
	b	See Part IV, line 19 a Less: direct expenses b					
	С	Net income or (loss) from gaming activities.	<u> ▶</u>	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
	Ť	Miscellaneous Revenue	Business Code	0.			
	11a	STATE TAX REFUND					
	b	FEDERAL TAX REFUND					

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e Total. Add lines 11a-11d

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405,805.

406,462.

Part IX Statement of Functional Expenses

) (' F04/-)/0) 1 F04/-)/4)	organizations must complete all columi	A II (I	- (1 / ^ \

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
á	a Management	0.			
	Legal	27,251.		27,251.	
(Accounting	16,800.		16,800.	
C	d Lobbying	0.			
•	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
ç	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	868.		868.	
13		2,354.		2,354.	
14	Information technology	0.			
15		0.			
	Occupancy	0.	124 250		
	Travel	134,378.	134,378.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	226 054		
	Conferences, conventions, and meetings	236,854.	236,854.	100	
	Interest	100.		100.	
	Payments to affiliates	14,396.	14,396.		
	Depreciation, depletion, and amortization	1,770.	1,770.		
	Insurance ATCH 4	1,770.	1,770.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	BANK SERVICE CHARGES	3,609.		3,609.	
_	PRINTING AND REPRODUCTION	3,539.	3,539.	,	
_	POSTAGE AND MAILING SERVICE	14,331.	-,	14,331.	
	CODING AND DEVELOPMENT	32,726.	32,726.	,	
	All other expenses	3,968.	577.	3,391.	
	Total functional expenses. Add lines 1 through 24e	492,944.	424,240.	68,704.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			
		0.			

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Part X Balance Sheet

		Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
				-	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			352,768.	1	324,991.
	2	Savings and temporary cash investments			0.		0.
	3	Pledges and grants receivable, net			0.		0.
	4	Accounts receivable, net			5,500.	4	0.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	-				
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	,		0.	5	0.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as	s defined under section			
		and sponsoring organizations of section 501(c)(9) volu	intary	employees' beneficiary			
S		organizations (see instructions). Complete Part II of Sche			0.		0.
Assets	7	Notes and loans receivable, net			0.	-	0.
AS	8	Inventories for sale or use Prepaid expenses and deferred charges		0.		0.	
	9	Prepaid expenses and deferred charges	ATCH 3	35,978.	9	0.	
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D					
		Less: accumulated depreciation			29,247.		14,851.
	11	Investments - publicly traded securities			11	0.	
	12	Investments - other securities. See Part IV, line 11				12	0.
	13	Investments - program-related. See Part IV, line 11				13	0.
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11				15	0.
_	16	Total assets. Add lines 1 through 15 (must equal			423,493.	_	339,842.
	17	Accounts payable and accrued expenses			8,000.		10,831.
	18	Grants payable				18 19	0.
	19	Deferred revenue					
	20	Tax-exempt bond liabilities	- at 1\ / .	-		20 21	0.
	21 22	Escrow or custodial account liability. Complete Pa Loans and other payables to current and for			0.	21	0.
Liabilities	22	trustees, key employees, highest compen					
Εİ		disqualified persons. Complete Part II of Schedule			0	22	0.
Ë	23	Secured mortgages and notes payable to unrelate	∟ ad thir	d narties		23	0.
	24	Unsecured notes and loans payable to unrelated				24	0.
	25	Other liabilities (including federal income tax,					<u> </u>
		parties, and other liabilities not included on lines					
		of Schedule D		·	0.	25	0.
	26	Total liabilities. Add lines 17 through 25			8,000.		10,831.
		Organizations that follow SFAS 117 (ASC 958),	checl				
ces		complete lines 27 through 29, and lines 33 and	34.				
au	27	Unrestricted net assets			415,493.	27	329,011.
Ba	28	Temporarily restricted net assets			0.	28	0.
pq	29	Permanently restricted net assets		<u></u>	0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
ţ	30	Capital stock or trust principal, or current funds .				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Se	33	Total net assets or fund balances		[415,493.	33	329,011.
_	34	Total liabilities and net assets/fund balances	<u> </u>		423,493.	34	339,842.
					<u> </u>		Form 990 (2017)

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			06,4				
2	Total expenses (must equal Part IX, column (A), line 25)	2			92,9				
3	Revenue less expenses. Subtract line 2 from line 1	3			86,4				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	15,4	193.			
5	Net unrealized gains (losses) on investments	5				0.			
6	Donated services and use of facilities	6		0.					
7	7 Investment expenses								
8									
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10		3	29,0)11.			
Part	·								
	Check if Schedule O contains a response or note to any line in this Part XII								
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," eschedule O.	xplain	 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			2a					
b	Were the organization's financial statements audited by an independent accountant?								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?			3a					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b					

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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

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

Par	t Organizations Maintainir	ng Colle	ctions of	Art, Hist	orical T	reasure	es,	or Otl	ner Similar A	sset	s (contin	ued)
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	k any of	f the	follow	ring that are a	sign	ificant use	of its
	collection items (check all that appl	y):										
а	Public exhibition	• ·		d	Loan	or excha	ange	prograi	ms			
b	Scholarly research			e	Other							
С	Preservation for future gener	rations										
4	Provide a description of the organ		collections	and expla	in how t	hev fur	ther	the or	nanization's ex	emnt	nurnose	in Part
•	XIII.	Lation o	Conconc	and oxpic		inoy ran			gamzanorro ox	ompt	paipooo	a.c
5	During the year, did the organization	n solicit c	or receive c	lonations o	fart hist	orical tre	226111	res or	nther similar			
3	assets to be sold to raise funds rath									Г	Yes	No
Dar	t IV Escrow and Custodial Ar			anieu as pa	it of the t	Jigariiza	ation	3 COIIC			163	140
ı aı	Complete if the organizat 990, Part X, line 21.	_		s" on Form	n 990, Pa	art IV, li	ine 9), or re	ported an am	ount	on Form	
1a	Is the organization an agent, truste	e. custoc	dian or othe	er intermed	iarv for c	ontribut	ions	or othe	r assets not			
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement in	n Part XII	I and com	olete the fol	lowing tab	ole:				• ∟		
~	ii 100, explain ille arrangement il		i and comp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	io mig tat	, [Amou	ınt		
С	Beginning balance					ŀ	1c		711100			
4	Additions during the year						1d					
u o												
•	Distributions during the year						1e					
20	Ending balance Did the organization include an am						1f	otodial	a a a a unt li a bilitu	2	Yes	No
2a	=											
	If "Yes," explain the arrangement in	1 Part XII	i. Check no	ere ii the ex	pianation	nas bee	en pr	ovided	on Part XIII			
Par	Endowment Funds. Complete if the organizat	ion ancu	orad "Vac	" on Form	000 B	ort IV/ li	no 1	0				
	Complete ii the organizat								(d) Thurs was a	a a l	(a) Faurus	
		(a) Cur	rent year	(b) Prio	r year	(c) Two	o year	s dack	(d) Three years b	раск	(e) Four yea	ars dack
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cu	rrent year	end balance	e (line 1g,	column	(a))	held as	:			
а	Board designated or quasi-endown	ient ▶_		_%	, ,		. ,,					
b	Permanent endowment ▶	%										
С	Temporarily restricted endowment	▶	%									
	The percentages on lines 2a, 2b, a	ind 2c sho	ould equal '	100%.								
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	tion that	are held	d and	d admir	nistered for the			
	organization by:										Ye	s No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organiz	zations liste	d as require	ed on Sch	edule R'	?				3b	
4	Describe in Part XIII the intended u											
Par	t VI Land, Buildings, and Equi Complete if the organiza	pment.	1.113.7					44. 0	- F 000			^
	Description of property	tion ansv										0
	Description of property		(inves	other basis tment)	(b) Cost o	ther)	515	depr	cumulated eciation	(u) Book value	
1 a	Land											
b	Buildings	Г										
С	Leasehold improvements											
d	Equipment	The state of the s		45,470.		30,61	9.				14	,851.
е	Other	T T										
Tota	I. Add lines 1a through 1e. (Column		equal Forr	n 990, Part	X, columi	n (B), lin	e 10	c.)			14	,851.

Schedule D (Form 990) 2017

Page 3

Part VII Investments - Other Securities.

Part VII	Complete if the organization answe	red "Yes" on For	m 990, Pai	rt IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book va	llue	(c) Method of valua Cost or end-of-year mark	
(1) Financi	al derivatives				
	r-held equity interests				
(3) Other_					
(A)					
(B)					
(C)					
(D)					
(E) (F)					
(F) (G)					
(H)					
	an (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII					
	Complete if the organization answe	red "Yes" on For	m 990, Pai	rt IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book va	alue	(c) Method of valua Cost or end-of-year mark	tion: ket value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
I all IX	Complete if the organization answe	red "Yes" on For	m 990. Pai	rt IV. line 11d. See Form 990	. Part X. line 15.
		Description		,	(b) Book value
(1)	(-)				(0) = 000 1000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u></u>	
Part X	Other Liabilities. Complete if the organization answe line 25.	red "Yes" on For	rm 990, Pai	rt IV, line 11e or 11f. See Foi	m 990, Part X,
1.	(a) Description of liability	(b) B	ook value		
(1) Fede	ral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line 2	<u> </u>			
2. Liability f	or uncertain tax positions. In Part XIII, provide	the text of the footr	note to the or	ganization's financial statements the	nat reports the

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

JSA 7E1270 1.000

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
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:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	-	
d	Carlot (Boothio arr arryana)	2e	
e	Add lines 2a through 2d	3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	ine 4; Part X, line

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Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

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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.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

gov/form990. Inspection
Employer identification number

OPEN	SOURCE	MATTERS,	INC.

76-0803008

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SUPPORT JOOMLA! OPEN SOURCE CONTENT MANAGEMENT SYSTEM.

JOOLMLA! IS AN OPENSOURCE WEB BASED CONTENT MANAGEMENT SYSTEM WHICH IS FREE AND AVAILABLE TO ANYONE. THE CORE TEAM OF JOOMLA! IS COMPRISED OF VOLUNTEERS WHO HELP IN DETERMINING THE DIRECTION OF THE PROJECT. OPEN SOURCE MATTERS, INC PROVIDES RESOURCES FOR TRAVEL CONFERENCES, LEGAL AND PROFESSIONAL SUPPORT.

FORM 990, PART VIII - INVESTMENT INCOME	_		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
SAVING ACCOUNT INTEREST	65	7.	657.	
TOTALS =	657.		657.	

ATTACHMENT 3

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

PREPAID EXPENSES

TOTALS

JSA 7E12**2E**112**00**01.000

N SOURCE MATTERS, INC.						2017	76-0803	8008										
Description of Property								ATTACHMENT 4										
DEPRECIATION																		
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation			
COMPUTER HARDWARE	12/07/2007		100.000	545.5	rtoddotion	7,422.	7,236.	7,236.	200DE			Olass	5	σ.φσσσ	doprodiation			
A/V EQUIPMENT	12/01/2016		100.000			37,010.	1,851.	15,915.					5		14,064.			
Less: Retired Assets			_						1									
SubtotalsListed Property		44,432.				44,432.	9,087.	23,151.							14,064			
Less: Retired Assets																		
Subtotals			-															
TOTALS			-			44,432.	9,087.	23,151.							14,064			
AMORTIZATION		11,132.				11,132.),007.	23,131.							14,004.			
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life)				Current-year amortization			
			-															
									1		_							

*Assets Retired

TOTALS

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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
COMPUTER HARDWARE	12/07/2007	7,422.	100.000			7,422.	7,236.		200DB			0.000	5		
A/V EQUIPMENT	12/01/2016		100.000			37,010.	1,851.		200DB				5		14,064.
Less: Retired Assets										'				,	
Subtotals		44,432.	-			44,432.	9,087.	23,151.							14,064.
Listed Property						•	•		•						
Less: Retired Assets									1						
Subtotals			-												
TOTALS		44,432.				44,432.	9,087.	23,151.							14,064.
AMORTIZATION	Date	Cost						Ending							
	placed in	or					Accumulated	Accumulated							Current-year
Asset description	service	basis	-				amortization	amortization	Code	Life	_			-	amortization
			-								_			-	
			-								_			-	
			-												
TOTALS			-												
ICIALO								1							

^{*}Assets Retired

JSA 7X9024 1.000