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 black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	ne 201 <u>2</u>	calendar year, or tax year beginning , 2012, and ending		, 20
_		C	Name of organization	D Employer ide	entification number
3 c	heck if a	pplicable:	OPEN SOURCE MATTERS, INC.	76-0803	3008
	Addre		Doing Business As		
	7 '	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone n	umber
	+	I return	PO BOX 4668 # 88354	()	_
	+	ninated	City, town or post office, state, and ZIP code	,	
	Amer		NEW YORK, NY 10163-4668	G Gross receip	ots \$ 571,984.
	returi Appli	n cation	F Name and address of principal officer: PAUL ORWIG	H(a) Is this a grou	
	pend	ing		affiliates?	
	_		PO BOX 4668 #88354 NEW YORK, NY 10163-4668	H(b) Are all affilia	
		empt stati			ch a list. (see instructions)
			WW.JOOMLA.ORG	H(c) Group exemp	· · · · · · · · · · · · · · · · · · ·
				ormation: 2005 M	State of legal domicile: NY
Рa	rt I	Sum	mary		
	1	-	describe the organization's mission or most significant activities:		
ģ		OPEN	SOURCE WEB BASED CONTENT MANAGEMENT SYSTEM(JOOMLA), WI	HICH IS FREE	·
a					
Governance			· <u></u>		
Š	2	Check t	his box 🕨 🔙 if the organization discontinued its operations or disposed of more than	25% of its net assets	S.
⋖ŏ	3	Number	r of voting members of the governing body (Part VI, line 1a)		3
Activities	4	Number	r of independent voting members of the governing body (Part VI, line 1b)		4
₹	5		umber of individuals employed in calendar year 2012 (Part V, line 2a)		
Αct	6		umber of volunteers (estimate if necessary)		
-	7a	Total ur	nrelated business revenue from Part VIII, column (C), line 12		7a 251,377.
			elated business taxable income from Form 990-T, line 34		7b
				Prior Year	Current Year
Revenue	8	Contrib	utions and grants (Part VIII, line 1h)		0 (
	9	Program	n service revenue (Part VIII, line 2g)	330,13	37. 571,360.
š	10	Investm	nent income (Part VIII, column (A), lines 3, 4, and 7d)		66. 597.
æ	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,12	
	12		venue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	323,07	
	13			323,01	0 (
			and similar amounts paid (Part IX, column (A), lines 1-3)		0 (
	14		s paid to or for members (Part IX, column (A), line 4)		0 (
Expenses	15		s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0 (
e	l		ional fundraising fees (Part IX, column (A), line 11e)		0
Ä	l		ndraising expenses (Part IX, column (D), line 25)	106.65	75 250 675
	17		xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	186,67	
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	186,67	
_ 0	19	Revenu	e less expenses. Subtract line 18 from line 12	136,40	
Net Assets or Fund Balances		_	<u> </u>	Beginning of Current Y	
sse	20	Total as	ssets (Part X, line 16)	263,22	
절	21		abilities (Part X, line 26)	31,87	
	22		ets or fund balances. Subtract line 21 from line 20	231,35	52. 443,661.
	rt II		nature Block		
Und	der per	nalties of	perjury, I declare that I have examined this return, including accompanying schedules and stateme implete. Declaration of preparer (other than officer) is based on all information of which preparer has a	nts, and to the best of	f my knowledge and belief, it is
	, 00	1	The property of the property (exist than enterly to be a contained and the property in the contained to the property in the contained to the property in the contained to the co		
n:		 _			
Sig		S	ignature of officer	Date	
He	е				
		T	ype or print name and title		
		Print/Ty	pe preparer's name Preparer's signature Date	Check X	if PTIN
aic				self-employ	*
	parer	Firm's n	name ▶ PIPIA COHEN HLATKY LLC	Firm's FIN ▶	26-4268100
Jse	Only		ddress ▶ 195 KOSCIUSZKO ST BROOKLYN, NY 11216		347-425-9397
Mav	the I		uss this return with the preparer shown above? (see instructions)		
,					100 NU

Form 990 (2012) Page 2 Part III **Statement of Program Service Accomplishments** 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.) (Revenue \$ OPEN SOURCE WEB BASED CONTENT MANAGEMENT SYSTEM WHICH IS FREE AND AVAILABLE TO ANYONE. **4b** (Code: including grants of \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ▶ 166,663.

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Form 990 (2012)
Page 3
Part W Chocklist of Populared Schodules

-ar	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			37
	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	_		Х
7	"Yes," complete Schedule D, Part I	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	- '-		- 21
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		- 21
9	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	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			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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
12 a	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
14 a	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? 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 assistance			3.7
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		v
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a				
Z T U	\$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 25	24a		Х
L	· ·	24b		21
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			37
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,			
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		- 21
34	or IV, and Part V, line 1	34		Х
25.0				X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251		
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

Par				
	Check if Schedule O contains a response to any question in this Part V			
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Date of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
. .	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans The organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		Λ
<u>u</u>	1. 100, had k mod a form 120 to report mode payments: If the, provide an explanation in deficult O	עדי		

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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								
	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 with								
	any other officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		3,7					
	one or more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			3.7					
	stockholders, or persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:	0-		X					
a	The governing body?	8a		Λ					
b	Each committee with authority to act on behalf of the governing body?	8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Secti	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue C								
OCOL	Teducion D. 1 Unidea This Section D requests information about policies not required by the internal Nevenue O								
100	Did the ergenization have lead chanters branches or effiliates?	10a	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	104							
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		Х					
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,"	1 1							
	describe in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a							
b	Other officers or key employees of the organization	15b							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	601(c)(3)s o	nly)					
	available for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Downwebsite Downwe								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	est p	olicy,					
	and financial statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne							
JSA	Organization: ▶PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216 347-425-9397	Form	990	(2012)					

Part VII

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

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

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.

(C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an amount of hours per compensation compensation from other week (list any officer and a director/trustee) from related compensation the organizations hours for Individual trustee or director Officer Key employee employee Highest compensated from the nstitutional trustee organization (W-2/1099-MISC) related organization (W-2/1099-MISC) organizations and related below dotted organizations line) _(2)_____ (3) _(4)______ (7)_____ _(9) (10) (11)_____ (12) (13)

Form **990** (2012)

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(14)

	n 990 (2012) Int VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ove	es,	and F	lig	hest Compensat	ed Employ	vees (c	ontinue		age o
hours per week (list any hours for a director/trustee) hours per week (list any hours for a director/trustee) hours per week (list any hours for a director/trustee) hours per week (list any hours for a director/trustee)								(E) Reporta compensation	(E) Reportable mpensation from related organizations			on		
		related organizations below dotted line)	ganizations elow dotted direction of the state of the sta									C) from the organization and related organizations		
	Sub-total							•	0		0			0
	Total from continuation sheets to Part VII, Solution 10 (add lines 1b and 1c)	-							0		0			0
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste			e) who	o re	eceived more than	\$100,000	- 1			
_	reportable compensation from the organization)									Yes	No
3	Did the organization list any former offic	er, directo	r, or	tru	uste	e,	key e	emp	oloyee, or highes	t compens	ated			
	employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	livid	ual							3		X
4	For any individual listed on line 1a, is the organization and related organizations greindividual.	eater than	\$15	0,0	00?) If	"Yes					4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		X
Se	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	lress							(B) Description of se	rvices	С	(C) ompens	ation	
								+						

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

Page 9

nue

		Check if Schedule O contains a respo	nse to any quest	ion in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns					
	h	Total. Add lines 1a-1f	▶	0			
nue			Business Code				
eve	2a	PUBLISHING ROYALTIES	511130	11,214.	11,214.		
e R	b	ADVERTISING INCOME	541800	250,753.		250,753.	
Σiς	С	SPONSORSHIP	541610	45,522.	45,522.		
Program Service Revenue	d	CONFERENCE REGISTRATION	541610	125,500.	125,500.		
am	е	INDIVIDUAL DONORS	541610	3,829.	3,829.		
ıbo.	f	All other program service revenue		134,542.	134,542.		
<u> </u>	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including dividends, inter other similar amounts). ATTACHMENT 2	est, and	571,360.		505	
		,		597. 0		597.	
	4	5 Royalties		0			
	3	(i) Real	(ii) Personal	0			
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	` '		0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
	_	and sales expenses					
	c d	Gain or (loss)	<u> </u>	0			
Ф	8a	Gross income from fundraising		J.			
Other Revenue	""	events (not including \$					
ě		of contributions reported on line 1c).					
<u>-</u>		See Part IV, line 18 a					
the	b	Less: direct expenses b					
ō	С	Net income or (loss) from fundraising events .		0			
	9a	Gross income from gaming activities.					
	b	See Part IV, line 19					
	C	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code	, and the second			
	11a	CURRENCY GAIN		27.		27.	
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	27.			
	12	Total revenue. See instructions		571,984.	320,607.	251,377.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (Section	501(c)(3)	and 501(c)(4)	organizations m	nust complete all	columns. All other	organizations must	complete column ((A).
-------------------------------------------------------------------------------------------------------------------------	---------	-----------	---------------	-----------------	-------------------	--------------------	--------------------	-------------------	------

	Check if Schedule O contains a resp	onse to any question ii	n 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 governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
Ū	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
-	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section				
Ü	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
	Management	0			
b	Legal	28,902.		28,902.	
	Accounting	14,423.		14,423.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
·	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	1,351.		1,351.	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	46,812.	46,812.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	116,355.	116,355.		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	711.	711.		
23	Insurance ATCH 4	1,100.		1,100.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	TAXES-FED, NYS & NYC	103,091.		103,091.	
	BANK_SERVICE_CHARGES	880.		880.	
	HOSTING_EXPENSE	2,295.	2,295.		
d	MARKETTING	34,726.		34,726.	
е	All other expenses	9,029.	490.	8,539.	
25	Total functional expenses. Add lines 1 through 24e	359,675.	166,663.	193,012.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)	0			

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Part X Balance Sheet

Ι С	ILA	Datatice Stieet					
		Check if Schedule O contains a response to	to any	y question in this Part			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			262,326.	1	476,481.
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net	0	4	0		
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
"		organizations (see instructions). Complete Part II of Sche	dule L	omproyees beneficiary	0	6	0
Assets	7	Notes and loans receivable, net			0	7	0
ASS	8	Inventories for sale or use Prepaid expenses and deferred charges			0	8	0
	9	Prepaid expenses and deferred charges		ATCH 3	0	9	7,795.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation			897.		186.
	11	Investments - publicly traded securities				11	0
	12	Investments - other securities. See Part IV, line 11				12	0
	13	Investments - program-related. See Part IV, line 11		13	0		
	14	Intangible assets		14	0		
	15	Other assets. See Part IV, line 11		15	0		
_	16	Total assets. Add lines 1 through 15 (must equal			263,223.		484,462.
	17	Accounts payable and accrued expenses			31,871.	_	40,801.
	18	Grants payable		18	0		
	19	Deferred revenue		19 20	0		
	20	Tax-exempt bond liabilities		21	0		
Liabilities	21 22	Escrow or custodial account liability. Complete Pa			U	21	0
ij	22	Loans and other payables to current and for trustees, key employees, highest compen					
Ë		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate				23	0
	24	Unsecured notes and loans payable to unrelated				24	0
	25	Other liabilities (including federal income tax,					
	-0	parties, and other liabilities not included on lines					
		of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			31,871.	26	40,801.
S		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl				
uce	27	Unrestricted net assets			231,352.	27	443,661.
sala	28	Temporarily restricted net assets			0	28	0
ō	29	Permanently restricted net assets			0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
Š	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equ	ijpmer	nt fund		31	
As	32	Retained earnings, endowment, accumulated inco				32	
Net Assets	33	Total net assets or fund balances	,		231,352.	33	443,661.
~	34	Total liabilities and net assets/fund balances			263,223.	34	484,462.
_					203,223.	<u> </u>	Farm 990 (2042)

Part	XI Reconciliation of Net Assets					<u> </u>		
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	71,9	984.		
2	Total expenses (must equal Part IX, column (A), line 25)	252 655						
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	31,3	352.		
5	Net unrealized gains (losses) on investments	5				0		
6	6 Donated services and use of facilities							
7	Investment expenses							
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))							
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII				Ш			
	A " " " T OO O O T T O T O T		1		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	xpıaır	n in					
2-	Schedule O.							
Za	a 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 con reviewed on a separate basis, consolidated basis, or both:	ipiied	1 01					
_	Separate basis Consolidated basis Both consolidated and separate basis			2b				
b	Were the organization's financial statements audited by an independent accountant?			20				
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ied o	n a					
	Separate basis, Consolidated basis, Or Both. Separate basis Consolidated basis Both consolidated and separate basis							
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	iaht						
C	of the audit, review, or compilation of its financial statements and selection of an independent account	-	,	2c				
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.	λριαιι	' '''					
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	n in					
Ja	the Single Audit Act and OMB Circular A-133?	. 10111		3a				
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		0	3b				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

 Name of the organization
 Employer identification number

 OPEN SOURCE MATTERS, INC.
 76-0803008

Pa	Organizations Maintaining Donor Advised Funds or Other Simil organization answered "Yes" to Form 990, Part IV, line 6.	lar Funds o	r Accounts. Complete if the
	(a) Donor advised fun	nds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the a	assets held in	donor advised
5	funds are the organization's property, subject to the organization's exclusive leg		
6	Did the organization inform all grantees, donors, and donor advisors in writing t		
U	only for charitable purposes and not for the benefit of the donor or donor advisors	•	
Pai	conferring impermissible private benefit?	d "Ves" to F	form 990 Part IV line 7
1-ai	Purpose(s) of conservation easements held by the organization (check all that appropriate the organization check all the organizat		onn 990, r arciv, inte r.
•			of an internal and the Community of the colors of
			of an historically important land area
		reservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation of	contribution in	n the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure included in (2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguish	ned, or termir	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 monitoring, i	inspection, ha	andling of
	violations, and enforcement of the conservation easements it holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing con-	servation eas	sements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conserva-	ation easeme	ents during the year
	▶ \$		-
8	Does each conservation easement reported on line 2(d) above satisfy the requ	irements of se	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in it	ts revenue an	d expense statement. and
	balance sheet, and include, if applicable, the text of the footnote to the organiz		•
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasur	res, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV	V, line 8.	
1a	If the organization elected, as permitted under SEAS 116 (ASC 958), not to	report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to works of art, historical treasures, or other similar assets held for public expublic service, provide, in Part XIII, the text of the footnote to its financial statem	khibition, edu	ucation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-		
	works of art, historical treasures, or other similar assets held for public expublic service, provide the following amounts relating to these items:	knibition, edu	ucation, or research in furtherance of
	(i) Revenues included in 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 o		<u> </u>
_	following amounts required to be reported under SFAS 116 (ASC 958) relating		
a b	Revenues included in Form 990, Part VIII, line 1		
Ŋ	Assets included in Fulli 330, Fall A		> D

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

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Page **2**

Par	t III Organizations Maintaining Coll	lections of	f Art,	Historical	Treasu	ıres,	or Ot	her Similar As	sets (cor	ntinu	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and o	other re	cords, chec	k any c	of the	follow	ring that are a s	ignificant u	ise o	f its
а	Public exhibition		d	Loan	or exch	ange	prograi	ms			
b	Scholarly research		e								
C	Preservation for future generations		·								
4	Provide a description of the organization's	aallaatiana	and a	valain havv	thou fu	rthor	the or	anization'a avan	ant nurnaa	o in	Dort
4	XIII.	Collections	and e	xpiaiii iiow	iney rui	ııııeı	the or	gariization's exem	ipi puipos	e III	ган
_					1.4.			. (1			
5	During the year, did the organization solicit										1
_	assets to be sold to raise funds rather than t										No
Par	Escrow and Custodial Arrange				ganızat	tion a	answe	red "Yes" to Fo	rm 990,	Part	IV,
	line 9, or reported an amount on	Form 990	, Part 2	X, line 21.							
1a	Is the organization an agent, trustee, custod										1
_	included on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and comple	ete the	following tai	ole:						
								Amount			
С	Beginning balance										
d	Additions during the year					-					
е	Distributions during the year					-					
f	Ending balance										
2a	Did the organization include an amount on l	Form 990, F	Part X, I	ine 21?					Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	•				1			r ·			
_		ırrent year	(b)	Prior year	(c) Tw	vo year	s back	(d) Three years bac	k (e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
	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 cur	rrent year e	nd bala	nce (line 1g	, columr	n (a))	held as	:			
а	Board designated or quasi-endowment ▶_		_%								
b	Permanent endowment %										
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 10	00%.								
3a	Are there endowment funds not in the poss	ession of th	ne organ	nization that	are hel	ld and	d admir	nistered for the	_		
	organization by:									⁄es	No
	(i) unrelated organizations								. 3a(i)		
	(ii) related organizations								. 3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ns listed as	required	l on Schedul	e R? .				. 3b		
4	Describe in Part XIII the intended uses of the	e organizati	ion's en	dowment fu	nds.						
Par	t VI Land, Buildings, and Equipment	. See Forn	n 990,	Part X, line	10.						
	Description of property	(a) Cost or (invest			or other ba	asis		cumulated eciation	(d) Book val	ue	
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
_ е	Other										
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Forn	n 990, P	art X, colum	n (B), lir	ne 10	(c).)	▶			

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Page **3**

Part VII	Investments - Other Securities. See F	orm 990, Part X, Iir	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
(1) Financia	al derivatives			
(2) Closely	-held equity interests			
<u>(A)</u>				
(B)				
<u>(C)</u>				
<u>(D)</u>				
(F)				
<u>\(\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fin}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\f{\f \frac{\frac{\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\f{\f{\frac{\frac{\</u>				
(H)				
<u>`-</u> '				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990, Part X, Iir	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year man	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
<u> </u>	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(7)				
(8)				
(9)				
(10)				
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities. See Form 990, Part X	, line 25.		
1.	(a) Description of liability	(b) Book valu	ue	
	ral income taxes			
_(2)				
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
<u>(10)</u> (11)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•		
	ASC 740) Footnote. In Part XIII, provide the text		organization's financial statements that	reports the organization's

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

Schedule D (Form 990) 2012 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	<u> </u>	
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 on investments 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
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 VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part			
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 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part			
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ation.		

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization OPEN SOURCE MATTERS, **Employer identification number** 76-0803008

ATTACHMENT 1

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

INC.

CONFERENCES, LEGAL AND PROFESSIONAL SUPPORT.

SUPPORT JOOMLA! OPEN SOURCE CONTENT MANAGEMENT SYSTEM.

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

FORM 990, PART VIII - INVESTMENT INCOME	<u> </u>		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	59	7.	597.	
TOTALS	59	<u>7.</u>	597.	

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING BOOK VALUE DESCRIPTION

PREPAID EXPENSES 7,795.

> TOTALS 7,795.

OPEN SOURCE MATTERS, INC.

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.	6,525.	7,236.	200DB	MQ			5		711.
Less: Retired Assets															
Subtotals		7,422.	-			7,422.	6,525.	7,236.							711.
Listed Property				•	•										
Less: Retired Assets			-						•						
Subtotals			-												
TOTALS		7,422.				7,422.	6,525.	7,236.							711.
AMORTIZATION	Doto	Cont						Fadia a							
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life					Current-year amortization
			-												
			-												
TOTALS															

*Assets Retired JSA 2X9024 1.000

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2012

Description of Property

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007	7,422.	100.000			7,422.	6,525.	7,236.	200DB	MQ			5		711
Less: Retired Assets															
Subtotals		7,422.				7,422.	6,525.	7,236.							711
Listed Property														<u> </u>	
Less: Retired Assets															
Subtotals															
TOTALS		7,422.				7,422.	6,525.	7,236.							711
AMORTIZATION	Date	Cost						En din n							
	placed in	or					Accumulated	Ending Accumulated amortization							Current-year
Asset description	service	basis					amortization	amortization	Code	Life	_			-	amortization
											-				

*Assets Retired JSA 2X9024 1.000

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Form CHAR500

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271
http://www.charitiesnys.com

2012

Open to Public Inspection

1. General Information							
a. For the fiscal year beginning (m	m/dd/yyyy)	/ 2 0 1 2 and ending	(mm/dd/yyyy)				
b. Check if applicable for NYS: Address change OPEN SOURCE MATTERS, INC. d. Fed. employer ID no. (EIN) (##-### 76-0803008 e. NY State registration no. (##-##-##							
Name change Initial filing Final filing	Number	and street (or P.O. box if mail no	ot delivered to street address)	Room/suite	f. Telephone number		
Amended filing NY registration pending		OX 4668 # 88354 own, state or country and zip + 4			g. Email		
	NEW	YORK,NY,10163-466	8				
2. Certification - Two Signatu	roe Poquir	nd					
We certify under penalties of per correct and complete in accordant a. President or Authorized Officer	ury that we ce with the l	eviewed this report, including		the best of our	r knowledge and belief,	they are true,	
		Signature	Printed Name		Title	Date	
b. Chief Financial Officer or Treas		Signature	Printed Name		Title	Date	
3. Annual Report Exemption	Information						
United Way or incorporate substantially all of its cont b. EPTL annual report exemption Check ▶ if gross recei	y claim this of d community ributions from (EPTL register) pts did not ending the animply complete.	exemption if no PFR or FRC v r appeal and contributions from one government agency to strants and dual registrants) exceed \$25,000 and assets (n	om other sources did not on which it submitted an armarket value) did not excert one law under which they are report 2 (Certification) and part 3 (exceed \$25,00 inual report si ed \$25,000 a egistered and fo Annual Report E	on or 2) it received all of milar to that required by the tany time during this firm dual registrants claiming exemption Information) about 100 or 10	or / Article 7-A. scal year. the annual report	
4. Article 7-A Schedules							
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year: a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? **If "Yes", complete Schedule 4a. **D. Did the organization receive government contributions (grants)? **If "Yes", complete Schedule 4b.							
5. Fee Submitted: See last page for summary of fee requirements.							
Indicate the filing fee(s) you are a. Article 7-A filing fee b. EPTL filing fee c. Total fee				_	e check or money of le to "NYS Departn		
6. Attachments - For organizat	ions that are	not claiming annual report	exemptions under both law	vs. see last pa	ge for required attachm	ents >>>	

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Article 7-A Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0. EPTL Calculate the EPTL filling fee using the table in part b below. The Article 7-A filling fee is \$0. Dual Calculate both the Article 7-A and EPTL filling fees using the tables in parts a and b below. Add the Article 7-A and EPTL filling fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

^{*} Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers							
Filing Fee							
X Single check or money order payable to "NYS Department of Law"							
Copies of Internal Revenue Service Forms							
IRS Form 990 All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-EZ All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-PF IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T							
Additional Article 7-A Document Attachment Rec	Additional Article 7-A Document Attachment Requirement						
Independent Accountant's Report							
X Audit Report (total support & revenue more than \$250,000)							
Review Report (total support & rever	nue \$100,001 to \$250,000)						
i ino accountant's report required (to	tal support & revenue not more than \$100,0	100)					

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