

40-39-53 (ap)

| | | |
|---|---|---|
| Form CHAR500 | 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 www.oag.state.ny.us/charities/charities.html | 2007 Open to Public Inspection |
| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 487, CHAR 010 and CHAR 006) | | |

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2007 and ending (mm/dd/yyyy) 12/31/2007

| | | |
|--|--|--|
| b. Check if applicable for NYS: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending | c. Name of organization OPEN SOURCE MATTERS, INC. | d. Fed. employer ID no. (EIN) (#####) 76-0803008 |
| | Number and street (or P.O. box if mail not delivered to street address) Room/suite PO BOX 4668 # 88354 | e. NY State registration no. (###-###) 40-39-53 |
| | City or town, state or country and zip + 4 NEW YORK, NY, 10163-4668 | f. Telephone number |
| | | g. Email |

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| | | | | |
|---|----------------------|---------------|-----------|----------|
| a. President or Authorized Officer | <i>Elin Waring</i> | Elin Waring | President | 11.12.08 |
| | Signature | Printed Name | Title | Date |
| b. Chief Financial Officer or Treasurer | <i>Dave Huelsman</i> | Dave Huelsman | Treas | 11.12.08 |
| | Signature | Printed Name | Title | Date |

3. Annual Report Exemption Information

a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)
 Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used **and** either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. EPTL annual report exemption (EPTL registrants and dual registrants)
 Check if total gross receipts for this fiscal year did not exceed \$25,000 **and** the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.
Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.

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? . . . Yes* No
 * If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? . . . Yes* No
 * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.

| | | |
|---|-----------------|---|
| Indicate the filing fee(s) you are submitting along with this form: | | Submit only one check or money order for the total fee, payable to "NYS Department of Law" |
| a. Article 7-A filing fee | \$ _____ | |
| b. EPTL filing fee | \$ _____ | |
| c. Total fee | \$ <u>50.00</u> | |

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

- Mail completed form with required schedules, fee and attachments to the address at the top of this page -

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 | Fee Instructions |
|----------------------------------|---|
| • Article 7-A | Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0. |
| • EPTL | Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0. |
| • Dual | Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> 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 | | |
| <input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law" | | |
| Copies of Internal Revenue Service Forms | | |
| <input checked="" type="checkbox"/> IRS Form 990 | <input type="checkbox"/> IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-PF |
| <input checked="" type="checkbox"/> Schedule A to IRS Form 990 | <input type="checkbox"/> Schedule A to IRS Form 990-EZ | <input type="checkbox"/> Schedule B to IRS Form 990-PF |
| <input checked="" type="checkbox"/> Schedule B to IRS Form 990 | <input type="checkbox"/> Schedule B to IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-T |
| <input checked="" type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T | |

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

- Audit Report (total support & revenue more than \$250,000)
- Review Report (total support & revenue \$100,001 to \$250,000)
- No Accountant's Report Required (total support & revenue not more than \$100,000)

Open Source Matters, Inc
Financial Report
Year Ended December 31, 2007

Open Source Matters, Inc

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INDEPENDENT ACCOUNTS REPORT

To The Officers and Directors
Open Source Matters Inc.

I have reviewed the accompanying balance sheet of the Open Source Matters, Inc as of December 31, 2007, and the related statement of operations, change in fund balance and changes in cash flow for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements and supplementary information is the representation of the management of Open Source Matters, Inc

A review consists principally of inquiries of company personnel and analytical procedures applied to the financial data. It is substantially less in scope than the audit in accordance with generally accepted auditing standards, the objectives of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, I do not express such an opinion.

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally acceptable accounting principles.

Pipia Cohen & Co,
Certified Public Accountants
November 10, 2008

OPEN SOURCE MATTERS, INC
BALANCE SHEET
DECEMBER 31, 2007

CURRENT ASSETS

| | |
|----------------------|--------------|
| Cash | \$ 59,427.44 |
| TOTAL CURRENT ASSETS | \$ 59,427.44 |

FIXED ASSETS

| | |
|--------------------------|-------------|
| Equipment | \$ 7,420.85 |
| Accumulated Depreciation | \$ 186.00 |
| TOTAL FIXED ASSETS | \$ 7,234.84 |

OTHER ASSETS

| | |
|-------------------------------------|-------------|
| Shareholder Loan to Purchase Server | \$ 2,250.00 |
| Inventory | \$ 5,201.03 |
| TOTAL OTHER ASSETS | \$ 7,451.03 |

| | |
|--------------|--------------|
| TOTAL ASSETS | \$ 74,113.31 |
|--------------|--------------|

LIABILITIES & FUND BALANCE

OTHER CURRENT LIABILITIES

| | |
|---------------------------|--------------|
| Accounts Payable | \$ 34,294.00 |
| TOTAL CURRENT LIABILITIES | \$ 34,294.00 |

FUND BALANCE

| | |
|----------------------------------|--------------|
| Unrestricted Net Assets | \$ 39,819.00 |
| TOTAL LIABILITIES & FUND BALANCE | \$ 39,819.00 |

SEE NOTES TO THE FINANCIAL STATEMENTS

OPEN SOURCE MATTERS, INC
STATEMENT OF SUPPORT, REVENUE AND EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2007

SUPPORT & REVENUE

| | |
|---------------------------------|--------------------------|
| Contributions | \$ 22,816.00 |
| Program Service Revenue | \$ 16,991.00 |
| Unrelated Business Income | \$ 112,319.00 |
| Savings Account Interest Income | \$ <u>4.00</u> |
| TOTAL SUPPORT & REVENUE | \$ <u>152,130.00</u> |

EXPENSES

| | |
|--|------------------------------|
| Accounting & Legal Fees | \$ 9,325.00 |
| Dues and Subscriptions | \$ 529.00 |
| Bank Service Charges | \$ 674.00 |
| Depreciation | \$ 186.00 |
| Travel & Conferences | \$ 85,869.00 |
| Promotional Material | \$ 5,112.00 |
| Cost of Goods | \$ 2,170.00 |
| Website Expense | \$ 4,132.00 |
| Website Hosting | \$ 19,540.00 |
| Shipping | \$ 194.00 |
| Unrelated Business Income Taxes | \$ 29,294.00 |
| Licenses & Applications | \$ <u>913.00</u> |
| TOTAL EXPENSES | \$ <u>157,938.00</u> |
| EXCESS OF SUPPORT & REVENUE OVER EXPENSES | \$ <u>(5,808.00)</u> |

SEE NOTES TO THE FINANCIAL STATEMENTS

OPEN SOURCE MATTERS, INC
STATEMENT OF CHANGES IN CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2007

CASH PROVIDED BY OPERATING ACTIVITIES

| | |
|---|----------------------|
| Excess of Revenue Over Expenses | <u>\$ (5,808.00)</u> |
| Adjustments Used to Reconcile Revenue Over Expenses to Net Cash Used by Operating Activities: | |
| Depreciation | \$ 186.00 |
| Increase Accounts Payable | \$ 21,544.00 |
| Decrease Account Receivable | <u>\$ 26,319.00</u> |
| Net Cash Provided by Operating Activities | <u>\$ 42,241.00</u> |

CASH USED BY FINANCING ACTIVITIES

| | |
|--|-----------------------|
| Purchase of Fixed Assets | \$ (7,422.00) |
| Purchase of Inventory | \$ (4,323.00) |
| Loan to Officer for Purchase of Server | <u>\$ (2,250.00)</u> |
| Net Cash Used by Operating Activities | <u>\$ (13,995.00)</u> |
| Increase in Cash | <u>\$ 28,424.00</u> |
| Balance - December 31, 2006 | <u>\$ 31,181.00</u> |
| Balance - December 31, 2007 | <u>\$ 59,427.00</u> |

SEE NOTES TO THE FINANCIAL STATEMENTS

Open Source Matters, Inc

NOTES TO FINANCIAL STATEMENTS

December 31, 2007

Note 1- ORGANIZATION AND BUSINESS

Open Source Matters, Inc was organized in 2005 to solicit funds for the benefit of and to provide financial support for conferences, travel, legal and professional support for JOOMLA! open source content management system. JOOMLA! is an open source web based content management system which is free and available to anyone. The core team of JOOMLA! is comprised of volunteer who help in determining the direction of the project.

Note 2 – INCOME TAX STATUS

The organization operates as a non-profit organization under the laws of the State of New York and is currently treated as exempt from income taxes under Section 501 (c) (3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation with its 1023 application in process.

Note 3– SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Cash and cash equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of three months or less to be case equivalents.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that effect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investments

Under SFAS No. 124, Accounting for Certain Investments Held by Not-for-Profit Organizations, investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

Unrestricted Net Assets

Under SFAS No. 116, Accounting for Contributions Received and Contributions Made, contributions are received are recorded as unrestricted, temporarily restricted, or permanently restricted net assets depending on the absence or existence and nature of any donor restrictions. Expenses are reported as decreases in unrestricted net assets. The Organization reports donor-restricted contributions where restrictions are met in the same reporting period as changes in unrestricted net assets.

Unrelated Business Income

The Organization receives income currently treated as unrelated business income from Google AdSense through www.joomla.com. This income is currently treated as subject to unrelated business income taxes due to the historical position taken by the Organization for treatment thereof during the period that a letter decision is pending by the IRS regarding the exemption thereof.

Note 4- FUNCTIONAL EXPENSES

Expenses by their functional classifications for the year ended December 31, 2007 are as follows:

| | |
|-------------------------------|----------------------|
| Program Services | \$11,5566.00 |
| Administration & Management | \$ 10,906.00 |
| Unrelated Business Income Tax | <u>\$ 29,294.00</u> |
| | <u>\$ 155,769.00</u> |

COPY OF
1980
NYS OFFICE OF THE
COMPTROLLER

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 2007, **and ending**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization OPEN SOURCE MATTERS, INC. | D Employer identification number 76-0803008 |
| | Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 4668 # 88354 | E Telephone number () - |
| City or town, state or country, and ZIP + 4 NEW YORK, NY 10163-4668 | | |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates: _____

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ► N/A

J Organization type (check only one) 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 152,128.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

| | | | | | |
|---|---|----------------|-----------|--|--|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | | |
| | a Contributions to donor advised funds | 1a | | | |
| | b Direct public support (not included on line 1a) | 1b | 22,816. | | |
| | c Indirect public support (not included on line 1a) | 1c | | | |
| | d Government contributions (grants) (not included on line 1a) | 1d | | | |
| | e Total (add lines 1a through 1d) (cash \$ <u>22,816.</u> noncash \$ _____) | 1e | 22,816. | | |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 126,915. | | |
| | 3 Membership dues and assessments | 3 | | | |
| | 4 Interest on savings and temporary cash investments . . . \$TMT. 1. | 4 | 4. | | |
| | 5 Dividends and interest from securities | 5 | | | |
| | 6 a Gross rents | 6a | | | |
| | b Less: rental expenses | 6b | | | |
| c Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | | |
| 7 Other investment income (describe ►) | 7 | | | | |
| | 8 a Gross amount from sales of assets other than inventory | (A) Securities | (B) Other | | |
| | b Less: cost or other basis and sales expenses | 8a | | | |
| | c Gain or (loss) (attach schedule) | 8b | | | |
| | d Net gain or (loss). Combine line 8c, columns (A) and (B) | 8c | | | |
| | 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1b) | 9a | | | |
| | b Less: direct expenses other than fundraising expenses | 9b | | | |
| | c Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | | | |
| | 10 a Gross sales of inventory, less returns and allowances . . . \$TMT. 2. | 10a | 2,393. | | |
| | b Less: cost of goods sold | 10b | 2,170. | | |
| | c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c | 223. | | |
| Expenses | 11 Other revenue (from Part VII, line 103) | 11 | | | |
| | 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | 149,958. | | |
| | 13 Program services (from line 44, column (B)) | 13 | 115,566. | | |
| | 14 Management and general (from line 44, column (C)) | 14 | 40,200. | | |
| | 15 Fundraising (from line 44, column (D)) | 15 | | | |
| | 16 Payments to affiliates (attach schedule) | 16 | | | |
| | 17 Total expenses. Add lines 16 and 44, column (A) | 17 | 155,766. | | |
| | 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | -5,808. | | |
| | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 45,627. | | |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | | | |
| | 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | 39,819. | | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|-----------|----------------------|----------------------------|-----------------|
| 22a | Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b | Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 | Specific assistance to individuals (attach schedule) | | | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25a | Compensation of current officers, directors, key employees, etc. listed in Part V-A | NONE | | | |
| 25b | Compensation of former officers, directors, key employees, etc. listed in Part V-B | | | | |
| 25c | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 26 | Salaries and wages of employees not included on lines 25a, b, and c | | | | |
| 27 | Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 | Employee benefits not included on lines 25a - 27 | | | | |
| 29 | Payroll taxes | | | | |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | 9,323. | | 9,323. | |
| 32 | Legal fees | | | | |
| 33 | Supplies | | | | |
| 34 | Telephone | | | | |
| 35 | Postage and shipping | 194. | | 194. | |
| 36 | Occupancy | | | | |
| 37 | Equipment rental and maintenance | | | | |
| 38 | Printing and publications | | | | |
| 39 | Travel | | | | |
| 40 | Conferences, conventions, and meetings | | | | |
| 41 | Interest | | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 186. | | 186. | |
| 43 | Other expenses not covered above (itemize): | | | | |
| 43a | a STMT 4 | 146,063. | 115,566. | 30,497. | |
| 43b | b | | | | |
| 43c | c | | | | |
| 43d | d | | | | |
| 43e | e | | | | |
| 43f | f | | | | |
| 43g | g | | | | |
| 44 | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | 155,766. | 115,566. | 40,200. | |

Joint costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 5**
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

b _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

c _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

d _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$ _____) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **115,566.**

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year | |
|--|--|--------------------------|-----|--------------------|---------|
| Assets | 45 Cash - non-interest-bearing | 31,181. | 45 | 56,424. | |
| | 46 Savings and temporary cash investments | | 46 | 3,002. | |
| | 47a Accounts receivable | | | NONE | |
| | b Less: allowance for doubtful accounts | 26,319. | 47c | NONE | |
| | 48a Pledges receivable | | | | |
| | b Less: allowance for doubtful accounts | | 48c | | |
| | 49 Grants receivable | | 49 | | |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule). | STMT. 6 | | 50a | 2,250. |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | | 50b | |
| | 51a Other notes and loans receivable (attach schedule) | | | 51c | |
| | b Less: allowance for doubtful accounts | | | | |
| | 52 Inventories for sale or use | 878. | 52 | | 5,201. |
| | 53 Prepaid expenses and deferred charges | | 53 | | |
| | 54a Investments - publicly-traded securities | | | 54a | |
| | b Investments - other securities (attach schedule). | | | 54b | |
| 55a Investments - land, buildings, and equipment: basis | | | | | |
| b Less: accumulated depreciation (attach schedule) | | | 55c | | |
| 56 Investments - other (attach schedule) | | | 56 | | |
| 57a Land, buildings, and equipment: basis, STMT. 7 | 7,422. | | | | |
| b Less: accumulated depreciation (attach schedule) | 186. | | 57c | 7,236. | |
| 58 Other assets, including program-related investments (describe ▶ _____) | | | 58 | | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 58,378. | 59 | | 74,113. | |
| Liabilities | 60 Accounts payable and accrued expenses | 12,751. | 60 | 34,294. | |
| | 61 Grants payable | | 61 | | |
| | 62 Deferred revenue | | 62 | | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | | |
| | 65 Other liabilities (describe ▶ _____) | | 65 | | |
| | 66 Total liabilities. Add lines 60 through 65 | 12,751. | 66 | | 34,294. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | |
| | 67 Unrestricted | 45,627. | 67 | 39,819. | |
| | 68 Temporarily restricted | | 68 | | |
| | 69 Permanently restricted | | 69 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | | |
| 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 45,627. | 73 | | 39,819. | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 58,378. | 74 | | 74,113. | |

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row shows -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct and indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of PIPIA COHEN & CO Telephone no. 631-288-2390
Located at 32 MILL RD WESTHAMPTON BEACH, NY ZIP + 4 11978
b 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)?

Table with 2 columns: Yes, No. Row 91b: Yes, No. Row 91b: Yes, X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | |
|-----|----|
| Yes | No |
| | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- | | | |
| b | ----- ----- | | | |
| c | ----- ----- | | | |
| Totals | | | | |

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | |
|-----|----|
| Yes | No |
| | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- | | | |
| b | ----- ----- | | | |
| c | ----- ----- | | | |
| Totals | | | | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

| | |
|-----|----|
| Yes | No |
| | X |

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

| | | | |
|--|---|--|--|
| Preparer's signature <input type="checkbox"/> | Date | Check if self-employed <input checked="" type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) 128-62-6123 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> | PIPIA, COHEN & CO. 38 WEST 21ST STREET - 5TH FLOOR NEW YORK, NY 10010 | | EIN <input type="checkbox"/> 13-4021135 Phone no. <input type="checkbox"/> 631-288-2390 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

OPEN SOURCE MATTERS, INC.

Employer identification number

76-0803008

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 . . . ▶ NONE

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services . . . ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of other contractors receiving over \$50,000 for other services . . . ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a

b Lending of money or other extension of credit?

2b

c Furnishing of goods, services, or facilities?

2c

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d

e Transfer of any part of its income or assets?

2e

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a

b Did the organization have a section 403(b) annuity plan for its employees?

3b

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | Yes | No |
|--|-----|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | 31 | |
| ----- | | |
| ----- | | |
| 32 Does the organization maintain the following: | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| ----- | | |
| 33 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | 33a | |
| b Admissions policies? | 33b | |
| c Employment of faculty or administrative staff? | 33c | |
| d Scholarships or other financial assistance? | 33d | |
| e Educational policies? | 33e | |
| f Use of facilities? | 33f | |
| g Athletic programs? | 33g | |
| h Other extracurricular activities? | 33h | |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| ----- | | |
| ----- | | |
| 34 a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b Has the organization's right to such aid ever been revoked or suspended? | 34b | |
| If you answered "Yes" to either 34a or b, please explain using an attached statement. | | |
| ----- | | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

| | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|-----------|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 Other exempt purpose expenditures | 39 | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - | | | |
| Not over \$500,000 20% of the amount on line 40 | | | |
| Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 | | | |
| Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 | 41 | | |
| Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 | | | |
| Over \$17,000,000 \$1,000,000 | | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

| | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (Add lines c through h.) | | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION

AMOUNT

TOTAL

4.

4.

FORM 990, PART I - GROSS SALES AND COST OF GOODS SOLD

| DESCRIPTION | GROSS SALES | BEGINNING INVENTORY | PURCHASES | SALARIES AND WAGES | OTHER COSTS | MINUS: ENDING INVENTORY | COST OF GOODS SOLD |
|---------------|-------------|---------------------|-----------|--------------------|-------------|-------------------------|--------------------|
| PRINTED GOODS | 2,393. | 878. | 6,493. | | | 5,201. | 2,170. |
| TOTALS | 2,393. | 878. | 6,493. | | | 5,201. | 2,170. |

Description of Property
GENERAL DEPRECIATION
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 class | MA CRS class class | Current-year 179 expense | Current-year depreciation |
|------------------------|------------------------|--------------------------|---------|-----------------------------|-----------------|------------------------|------------------------------------|---------------------------------|---------|-------|-------|------------------|--------------------|--------------------------|---------------------------|
| Less: Retired Assets | | | | | | | | | | | | | | | |
| Subtotals | | | | | | | | | | | | | | | |
| Listed Property | | | | | | | | | | | | | | | |
| COMPUTER HARDWARE | 12/07/2007 | 7,422. | 100.000 | | | 7,422. | | 186. | SL | | 5,000 | | 5 | | 186. |
| Less: Retired Assets | | | | | | | | | | | | | | | |
| Subtotals | | 7,422. | | | | 7,422. | | 186. | | | | | | | 186. |
| TOTALS | | 7,422. | | | | 7,422. | | 186. | | | | | | | 186. |

AMORTIZATION

| Asset description | Date placed in service | Cost or basis | Accumulated amortization | Ending Accumulated amortization | Code | Life | Current-year amortization |
|----------------------|------------------------|---------------|--------------------------|---------------------------------|------|------|---------------------------|
| Less: Retired Assets | | | | | | | |
| Subtotals | | | | | | | |
| TOTALS | | | | | | | |

*Assets Retired
JSA
7X9024 1.000

FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION | TOTAL | PROGRAM SERVICES | MANAGEMENT AND GENERAL |
|----------------------|----------|------------------|------------------------|
| DUE & SUBSCRIPTIONS | 529. | | 529. |
| BANK SERVICE CHARGES | 674. | | 674. |
| TRAVEL & CONFERENCES | 85,869. | 85,869. | |
| WEBSITE EXPENSE | 4,132. | 4,132. | |
| HOSTING EXPENSE | 19,540. | 19,540. | |
| LICENSES & FEES | 913. | 913. | |
| UBIT TAXES | 29,294. | | 29,294. |
| PROMOTIONS | 5,112. | 5,112. | |
| TOTALS | 146,063. | 115,566. | 30,497. |

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

SUPPORT JOOMLA! OPEN SOURCE CONTENT MANAGEMENT SYSTEM.
JOOMLA! 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 IV - RECEIVABLES DUE FROM OFFICERS, ETC.

BORROWER: FUNDS FOR EQUIPMENT PURCHASE

ORIGINAL AMOUNT: 2,250.

DATE OF NOTE: 12/15/2007

MATURITY DATE: 01/15/2008

PURPOSE OF LOAN: CASH TO PURCHASE NEEDED EQUIPMENT

ENDING BALANCE DUE 2,250.

TOTAL ENDING RECEIVABLES DUE FROM OFFICERS, ETC. 2,250.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

| | | FIXED ASSET DETAIL | | | | ACCUMULATED DEPRECIATION DETAIL | | | |
|-------------------|------------------|----------------------|-----------|-----------|-------------------|---------------------------------|-----------|-----------|-------------------|
| ASSET DESCRIPTION | METHOD/ CLASS | BEGINNING BALANCE | ADDITIONS | DISPOSALS | ENDING BALANCE | BEGINNING BALANCE | ADDITIONS | DISPOSALS | ENDING BALANCE |
| COMPUTER HARDWARE | M5 | | 7,422. | | 7,422. | | 186. | | 186. |
| TOTALS | | | | | 7,422. | | | | 186. |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|--|--------------|---|-----------------------------------|
| ELIN WARING PO BOX 4668 #88354 NEW YORK, NY 10163 | PRESIDENT 5.00 | NONE | NONE | NONE |
| DAVE HUELSMANN PO BOX 4668 #88354 NEW YORK, NY 10163 | TREASURER 5.00 | NONE | NONE | NONE |
| RYAN OZIMEK PO BOX 4668 #88354 NEW YORK, NY 10163 | SECRETARY 5.00 | NONE | NONE | NONE |
| JAMES VASILE PO BOX 4668 #88354 NEW YORK, NY 10163 | BOARD MEMBER 5.00 | NONE | NONE | NONE |
| GRAND TOTALS | | NONE | NONE | NONE |

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2007

Open to Public Inspection
 for 501(c)(3) Organizations Only

For calendar year 2007 or other tax year beginning 01/01, 2007, and ending 12/31, 2007. See separate instructions.

- A** Check box if address changed
- B** Exempt under section
 501(c)()
 408(e) 220(e)
 408A 530(a)
 529(a)
- C** Book value of all assets at end of year

Name of organization (Check box if name changed and see instructions.)
OPEN SOURCE MATTERS, INC.

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.
PO BOX 4668 # 88354

City or town, state, and ZIP code
NEW YORK, NY 10163-4668

D Employer identification number
 (Employees' trust, see instructions for Block D on page 9.)
76-0803008

E Unrelated business activity codes
 (See instructions for Block E on page 9.)
541800

F Group exemption number (See instructions for Block F on page 9.) **74,113.**

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **PIPIA COHEN & CO**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **PIPIA COHEN & CO** Telephone number **631-288-2390**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|--|------------|--------------|----------|
| 1 a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c | Balance | 1c | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 8 | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | 112,319. |
| 12 | Other income (See page 11 of the instructions; attach schedule.) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 112,319. | 112,319. |

| Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) | | | |
|--|--|-----|-----------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | NONE |
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) | 18 | |
| 19 | Taxes and licenses | 19 | 9,185. |
| 20 | Charitable contributions (See page 14 of the instructions for limitation rules.) | 20 | |
| 21 | Depreciation (attach Form 4562) | 21 | 186. |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | |
| 22b | | 22b | 186. |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | 24 | |
| 25 | Employee benefit programs | 25 | |
| 26 | Excess exempt expenses (Schedule I) | 26 | |
| 27 | Excess readership costs (Schedule J) | 27 | |
| 28 | Other deductions (attach schedule) | 28 | SEE STATEMENT 1 |
| 28 | | 28 | 8,246. |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 17,617. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 94,702. |
| 31 | Net operating loss deduction (limited to the amount on line 30) | 31 | |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 94,702. |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) | 33 | 1,000. |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 93,702. |

Part III Tax Computation

| | | |
|---|------------|---------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) _____ (2) _____ (3) _____ | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750), (2) Additional 3% tax (not more than \$100,000) | | |
| c Income tax on the amount on line 34 | 35c | 20,109. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See page 16 of the instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | 20,109. |

Part IV Tax and Payments

| | | |
|---|------------|---------|
| 40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | |
| b Other credits (see page 17 of the instructions) | 40b | |
| c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____ | 40c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | |
| e Total credits. Add lines 40a through 40d | 40e | |
| 41 Subtract line 40e from line 39. | 41 | 20,109. |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule), | 42 | |
| 43 Total tax. Add lines 41 and 42 | 43 | 20,109. |
| 44 a Payments: A 2006 overpayment credited to 2007 | 44a | |
| b 2007 estimated tax payments | 44b | |
| c Tax deposited with Form 8868 | 44c | 13,000. |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | |
| e Backup withholding (see instructions) | 44e | |
| f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶ | 44f | |
| 45 Total payments. Add lines 44a through 44f | 45 | 13,000. |
| 46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached | 46 | 1,163. |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | 47 | 8,272. |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | 48 | NONE |
| 49 Enter the amount of line 48 you want: Credited to 2008 estimated tax ▶ Refunded ▶ | 49 | NONE |

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

| | | |
|--|-----|----|
| 1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here ▶ | Yes | No |
| | | X |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ | | |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

| | | | | | |
|--|-----------|--|---|----------|----|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2, | 7 | |
| 3 Cost of labor | 3 | | | | |
| 4 a Additional section 263A costs (attach schedule) | 4a | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| b Other costs (attach schedule) | 4b | | | | X |
| 5 Total. Add lines 1 through 4b | 5 | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature _____ Date _____
 Firm's name (or yours if self-employed), address, and ZIP code ▶ **PIPIA, COHEN & CO.**
38 WEST 21ST STREET - 5TH FLOOR
NEW YORK, NY 10010
 Check if self-employed Preparer's SSN or PTIN **128-62-6123**
 EIN **13-4021135**
 Phone no. **631-288-2390**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 20)

1 Description of property

Table with 4 rows for property description (1-4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)

Table with 5 main columns: 1 Description of debt-financed property, 2 Gross income, 3 Deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col. 3 plus col. 4) |
|---------------------------|--------------------|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals ▶ | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | Enter here and on page 1, Part II, line 26. |

Schedule J - Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1) STMT 2 | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)). . . . ▶ | 112,319. | | 112,319. | | | |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| | | | | | | |
|---|--|--|--|--|--|---|
| (1) STMT 3 | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | 112,319. | | | | | |
| Totals, Part II (lines 1-5). . . ▶ | Enter here and on page 1, Part I, line 11, col. (A). 112,319. | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--------|---------|---------------------------------------|---|
| STMT 4 | | | % |
| | | | % |
| | | | % |
| | | | % |

Total. Enter here and on page 1, Part II, line 14 ▶ **NONE**

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

| | |
|--------------------------------------|--------|
| ACCOUNTING FEES | 2,331. |
| WEBSITE HOSTING | 4,884. |
| WESITE EXPENSES | 1,031. |
| | ----- |
| PART II - LINE 28 - OTHER DEDUCTIONS | 8,246. |
| | ===== |

SCHED J - PART I, ADVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS

| 1. NAME OF PERIODICAL | 2. GROSS ADVERTISING INCOME | 3. DIRECT ADVERTISING COSTS | 4. ADVERTISING GAIN OR LOSS | 5. CIRCULATION INCOME | 6. READERSHIP COSTS | 7. EXCESS READERSHIP COSTS |
|--------------------------|--------------------------------------|--------------------------------------|-----------------------------------|-----------------------------|---------------------------|-------------------------------------|
| WWW.JOOMLA.ORG | 112,319. | | | | | |
| COLUMN TOTALS | 112,319. | | 112,319. | | | |

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

| 1. NAME OF PERIODICAL | 2. GROSS ADVERTISING INCOME | 3. DIRECT ADVERTISING COSTS | 4. ADVERTISING GAIN OR LOSS | 5. CIRCULATION INCOME | 6. READERSHIP COSTS | 7. EXCESS READERSHIP COSTS |
|--------------------------|--------------------------------------|--------------------------------------|-----------------------------------|-----------------------------|---------------------------|-------------------------------------|
| PART II TOTALS | 112,319. | | | | | |
| PART I TOTALS | 112,319. | | | | | |
| SCHEDULE J TOTALS | 112,319. | | | | | |

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES
 =====

| NAME AND ADDRESS ===== | TITLE ===== | BUSINESS PERCENT ===== | COMPENSATION ===== |
|--|----------------|------------------------------|------------------------|
| ELIN WARING PO BOX 4668 #88354 NEW YORK, NY 10163 | PRESIDENT | | NONE |
| DAVE HUELSMANN PO BOX 4668 #88354 NEW YORK, NY 10163 | TREASURER | | NONE |
| RYAN OZIMEK PO BOX 4668 #88354 NEW YORK, NY 10163 | SECRETARY | | NONE |
| JAMES VASILE PO BOX 4668 #88354 NEW YORK, NY 10163 | BOARD MEMBER | | NONE |
| TOTAL COMPENSATION | | | ----- NONE ===== |

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Identifying number

OPEN SOURCE MATTERS, INC.

76-0803008

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|--|------------------------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | | (a) Description of property | (b) Cost (business use only) |
| 7 | | Listed property. Enter the amount from line 29 | 7 |
| 8 | | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 |
| 9 | | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 |
| 10 | | Carryover of disallowed deduction from line 13 of your 2006 Form 4562 | 10 |
| 11 | | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 |
| 12 | | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 |
| 13 | | Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 | ▶ 13 |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | | |
|----|--|----|--|
| 14 | Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2007 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | <input type="checkbox"/> |

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property | | | | | |
| b | 5-year property | | | | | |
| c | 7-year property | | | | | |
| d | 10-year property | | | | | |
| e | 15-year property | | | | | |
| f | 20-year property | | | | | |
| g | 25-year property | | 25 yrs. | | S/L | |
| h | Residential rental property | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | 39 yrs. | MM | S/L | |

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 40-year | | 40 yrs. | MM | S/L | |

Part IV Summary (see instructions)

| | | | |
|----|--|----|------|
| 21 | Listed property. Enter amount from line 28 | 21 | 186. |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 186. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? | | Yes | No | 24b If "Yes," is the evidence written? | | Yes | No | |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
| 25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | | 25 |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | SEE LISTED PROPERTY DETAIL |
| | | | | | | | | % |
| | | | | | | | | % |
| | | | | | | | | % |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | | | | | | | S/L - |
| | | | | | | | | S/L - |
| | | | | | | | | S/L - |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | | 28 186. |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| | Yes | No |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
|---|-----|----|
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2007 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2007 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

CT-13
2007

Amended return

Staple forms here |
New York State Department of Taxation and Finance
Unrelated Business Income Tax Return
Tax Law - Article 13

All filers enter tax period:
beginning ending

| | | | | |
|---|--|--|--|-------------------------------------|
| Employer identification number 76-0803008 | File number | Business telephone number | If you claim an overpayment, mark an X in the box <input type="checkbox"/> | |
| Legal name of corporation OPEN SOURCE MATTERS, INC. | | Trade name/DBA | | |
| Mailing name (if different from legal name above) c/o | | State or country of incorporation | Date received (for Tax Department use only) | |
| Number and street or PO box PO BOX 4668 # 88354 | | Date of incorporation | | |
| City NEW YORK | State NY | ZIP code 10163-4668 | Foreign corporations: date began business in NYS | |
| NAICS business code number (from federal return) 541800 | If address above is new, mark an X in the box <input type="checkbox"/> | If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See the <i>Need help?</i> section of the instructions. | | Audit (for Tax Department use only) |
| Principal unrelated business activity | | | | |

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? . . . Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) . . .

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) . . .

| | |
|---|------------------|
| A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax ← Attach your payment here. Detach all check stubs. (See instructions for details.) | Payment enclosed |
| | 260. |

Computation of income and tax

| | | | |
|----|--|-----|----------|
| 1 | Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction | 1. | 93,702. |
| 2 | New York State Article 13 tax deducted on federal return | 2. | 9,185. |
| 3 | Additions required for shareholders of federal S corporations (see instructions) | 3. | |
| 4 | Grossed-up taxes for shareholders of New York S corporations (see instructions) | 4. | |
| 5 | Other additions (see instructions) | 5. | |
| 6 | Add lines 1 through 5 | 6. | 102,887. |
| 7 | Other income (see instructions) | 7. | |
| 8 | Federal S corporation shareholder subtractions (see instructions) | 8. | |
| 9 | Other subtractions (see instructions) | 9. | |
| 10 | Total subtractions (add lines 7, 8, and 9) | 10. | |
| 11 | Taxable income before net operating loss deduction (subtract line 10 from line 6) | 11. | 102,887. |
| 12 | New York net operating loss deduction (attach federal and NYS computations; see instructions) | 12. | |
| 13 | Taxable income (subtract line 12 from line 11) | 13. | 102,887. |
| 14 | Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed) | 14. | 102,887. |
| 15 | Tax based on income (multiply line 14 by 9% (.09)) | 15. | 9,260. |
| 16 | Minimum tax | 16. | 250.00 |
| 17 | Tax (line 15 or line 16, whichever is larger) | 17. | 9,260. |
| 18 | Total prepayments from line 46 | 18. | 9,000. |
| 19 | Balance (if line 18 is less than line 17, subtract line 18 from line 17) | 19. | 260. |
| 20 | Interest on late payment (see instructions) | 20. | |
| 21 | Late filing and late payment penalties (see instructions) | 21. | |
| 22 | Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above) | 22. | 260. |
| 23 | Overpayment (if line 17 is less than line 18, subtract line 17 from line 18) | 23. | |
| 24 | Amount of overpayment on line 23 to be credited to next year | 24. | |
| 25 | Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23) | 25. | |

Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990T Other: _____ Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

| Average value of: | | A New York State | B Everywhere |
|-------------------|---|---------------------|-----------------|
| 26 | Real estate owned (see instructions) | 26. | |
| 27 | Gross rents (attach list; see instructions) | 27. | |
| 28 | Inventories owned | 28. | |
| 29 | Other tangible personal property owned (see instructions) | 29. | |
| 30 | Total (add lines 26 through 29) | 30. | |
| 31 | Percentage in New York State (divide line 30, column A, by line 30, column B) | 31. | % |

Receipts in the regular course of business from:

| | | | |
|----|--|-----|---|
| 32 | Sales of tangible personal property shipped to points within New York State | 32. | |
| 33 | All sales of tangible personal property | 33. | |
| 34 | Services performed | 34. | |
| 35 | Rentals of property | 35. | |
| 36 | Other business receipts | 36. | |
| 37 | Total (add lines 32 through 36) | 37. | |
| 38 | Percentage in New York State (divide line 37, column A, by line 37, column B) | 38. | % |
| 39 | Wages, salaries, and other compensation of employees (except general executive officers; see instructions) | 39. | |
| 40 | Percentage in New York State (divide line 39, column A, by line 39, column B) | 40. | % |
| 41 | Total of New York State percentages (add lines 31, 38, and 40) | 41. | % |
| 42 | Business allocation percentage (divide line 41 by three or by the number of percentages) | 42. | % |

Composition of prepayments claimed on line 18*

| | Date paid | Amount |
|-----|---|---------------------|
| 43 | Payment with extension request, Form CT-5, line 5 | 43. 05-15-08 9,000. |
| 44a | Second installment from Form CT-400 | 44a. |
| 44b | Third installment from Form CT-400 | 44b. |
| 44c | Fourth installment from Form CT-400 | 44c. |
| 45 | Amount of overpayment credited from prior years | 45. |
| 46 | Total prepayments (add lines 43 through 45; enter here and on line 18) | 46. 9,000. |

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, please report them on lines 44a, 44b, and 44c.

| | | | |
|-----------------------------|---|-------------------------|--------------------------------------|
| Third-party designee | Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input checked="" type="checkbox"/> (complete the following) No <input type="checkbox"/> | | |
| | Designee's name | Designee's phone number | Personal identification number (PIN) |

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

| | | | |
|---|---|---|-------|
| Signature of authorized person | | Official title | Date |
| Signature of individual preparing this return | | Firm's name (or yours if self-employed) | |
| PIPIA, COHEN & CO. | | | |
| Paid preparer use only | Address | City | State |
| | 38 WEST 21ST STREET - 5TH FLOOR NEW YORK, NY 10010 | | |
| | ZIP code | ID number | Date |
| | | 13-4021135 | |

See instructions for where to file.

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DEC 2 1954
RYS OFFICE OF THE ATTORNEY GENERAL
CHICAGO ILL

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