

**U.S. Corporation Income Tax Return**  
For calendar year 2013 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

▶ Information about Form 1120 and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

<b>A Check if:</b> <input type="checkbox"/> 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached	<b>TYPE OR PRINT</b>	Name <b>OPEN SOURCE MATTERS, INC</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 4668 #88354</b> City or town, state, or province, country and ZIP code or foreign postal code <b>NEW YORK, NY 10163-4668</b>	<b>B Employer identification number</b> <b>76-0803008</b> <b>C Date incorporated</b> <b>01/01/2005</b> <b>D Total assets (see instructions)</b> \$ <b>545,458.</b>
<b>E Check if:</b> (1) <input type="checkbox"/> Initial return    (2) <input type="checkbox"/> Final return    (3) <input type="checkbox"/> Name change    (4) <input type="checkbox"/> Address change			

<b>Income</b>	1a	Gross receipts or sales	708,399.	
	b	Returns and allowances		
	c	Balance. Subtract line 1b from line 1a		708,399.
	2	Cost of goods sold (attach Form 1125-A)		
	3	Gross profit. Subtract line 2 from line 1c		708,399.
	4	Dividends (Schedule C, line 19)		
	5	Interest		687.
	6	Gross rents		
	7	Gross royalties		
	8	Capital gain net income (attach Schedule D (Form 1120))		
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
10	Other income (see instructions - attach statement)			
11	<b>Total income.</b> Add lines 3 through 10		<b>709,086.</b>	
<b>Deductions (See instructions for limitations on deductions.)</b>	12	Compensation of officers (see instructions - attach Form 1125-E)		
	13	Salaries and wages (less employment credits)		
	14	Repairs and maintenance		
	15	Bad debts		
	16	Rents		
	17	Taxes and licenses	See Statement 1.	19,925.
	18	Interest		
	19	Charitable contributions		5,500.
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		
	21	Depletion		
	22	Advertising		
	23	Pension, profit-sharing, etc., plans		
	24	Employee benefit programs		
	25	Domestic production activities deduction (attach Form 8903)		
	26	Other deductions (attach statement)	See Statement 2.	526,403.
	27	<b>Total deductions.</b> Add lines 12 through 26		<b>551,828.</b>
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		157,258.
<b>29a</b>	29a	Net operating loss deduction (see instructions)		
	<b>29b</b>	b	Special deductions (Schedule C, line 20)	
		c	Add lines 29a and 29b	
<b>Tax, Refundable Credits, and Payments</b>	30	<b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)		157,258.
	31	Total tax (Schedule J, Part I, line 11)		44,581.
	32	Total payments and refundable credits (Schedule J, Part II, line 21)		60,587.
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<input checked="" type="checkbox"/>	1.
	34	<b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed		
	35	<b>Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid		16,005.
	36	Enter amount from line 35 you want: <b>Credited to 2014 estimated tax</b> ▶ 16,005. <b>Refunded</b> ▶		

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.

<b>Sign Here</b>	Signature of officer _____ Date _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DANIELLE HLATKY</b>	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01403210</b>
	Firm's name ▶ <b>PIPIA COHEN HLATKY LLC</b>	Firm's EIN ▶ <b>26-4268100</b>		Phone no.	
	Firm's address ▶ <b>195 KOSCIUSZKO ST BROOKLYN, NY 11216</b>			<b>347-425-9397</b>	

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

**Schedule J Tax Computation and Payment** (see instructions)

**Part I-Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))		
2	Income tax. Check if a qualified personal service corporation (see instructions)		44,581.
3	Alternative minimum tax (attach Form 4626)		NONE
4	Add lines 2 and 3		44,581.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	<b>Total credits.</b> Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	44,581.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	<b>Total.</b> Add lines 9a through 9f	10	
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	44,581.

**Part II-Payments and Refundable Credits**

12	2012 overpayment credited to 2013	12	10,587.
13	2013 estimated tax payments	13	50,000.
14	2013 refund applied for on Form 4466	14	( )
15	Combine lines 12, 13, and 14	15	60,587.
16	Tax deposited with Form 7004	16	NONE
17	Withholding (see instructions)	17	
18	<b>Total payments.</b> Add lines 15, 16, and 17.	18	60,587.
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	<b>Total credits.</b> Add lines 19a through 19d	20	
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32	21	60,587.

**Schedule K Other Information** (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ <u>511130</u>		
b	Business activity ▶ <u>WEB BASED SOFTWARE M</u>		
c	Product or service ▶ <u>SOFTWARE RESOURCES</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) . . . . .		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) . . . . .		X

Schedule K Other Information continued (see instructions)

5 At the end of the tax year, did the corporation:

- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.

Table with Yes/No columns and an 'X' in the No column.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock.

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.

Table with Yes/No columns and an 'X' in the No column.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital.

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.

Table with Yes/No columns and an 'X' in the No column.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter:

Table with Yes/No columns and an 'X' in the No column.

(i) Percentage owned and (ii) Owner's country (c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 10 Enter the number of shareholders at the end of the tax year (if 100 or fewer)

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) \$ 13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?

Table with Yes/No columns and an 'X' in the No column.

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$ 14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? If "Yes," complete and attach Schedule UTP.

Table with Yes/No columns and an 'X' in the No column.

15a Did the corporation make any payments in 2013 that would require it to file Form(s) 1099? b If "Yes," did or will the corporation file required Forms 1099?

Table with Yes/No columns and an 'X' in the No column.

16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? 17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

Table with Yes/No columns and an 'X' in the No column.

18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

Table with Yes/No columns and an 'X' in the No column.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		476,481.		538,154.
2a Trade notes and accounts receivable			7,118.	
b Less allowance for bad debts	( )		( )	7,118.
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)	Stmt 3	7,795.		
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets	7,422.		7,422.	
b Less accumulated depreciation	( 7,236. )	186.	( 7,236. )	186.
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets		484,462.		545,458.
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable		13,656.		18,000.
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)	Stmt 3	27,145.		18,617.
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock: a Preferred stock				
b Common stock				
23 Additional paid-in capital				
24 Retained earnings - Appropriated (attach statement)				
25 Retained earnings - Unappropriated		443,661.		508,841.
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		( )		( )
28 Total liabilities and shareholders' equity		484,462.		545,458.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1 Net income (loss) per books	65,180.	7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$	
2 Federal income tax per books	87,929.		
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):		8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation \$	
a Depreciation \$		b Charitable contributions \$	
b Charitable contributions \$			
c Travel and entertainment \$	4,149.	9 Add lines 7 and 8	
6 Add lines 1 through 5	157,258.	10 Income (page 1, line 28) - line 6 less line 9	157,258.

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1 Balance at beginning of year	443,661.	5 Distributions: a Cash	
2 Net income (loss) per books	65,180.	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	508,841.	8 Balance at end of year (line 4 less line 7)	508,841.

Department of the Treasury  
Internal Revenue Service

▶ **Attach to the corporation's tax return.**

**2013**

▶ **Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).**

Name OPEN SOURCE MATTERS, INC Employer identification number 76-0803008

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b>	Taxable income or (loss) before net operating loss deduction . . . . .	<b>1</b>	<u>157,258.</u>
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property . . . . .	<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities . . . . .	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs . . . . .	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only) . . . . .	<b>2d</b>	
<b>e</b>	Adjusted gain or loss . . . . .	<b>2e</b>	
<b>f</b>	Long-term contracts . . . . .	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds . . . . .	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . .	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only) . . . . .	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only) . . . . .	<b>2j</b>	
<b>k</b>	Loss limitations . . . . .	<b>2k</b>	
<b>l</b>	Depletion . . . . .	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds . . . . .	<b>2m</b>	
<b>n</b>	Intangible drilling costs . . . . .	<b>2n</b>	
<b>o</b>	Other adjustments and preferences . . . . . See Statement 4. . . . .	<b>2o</b>	<u>5,500.</u>
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o . . . . .	<b>3</b>	<u>162,758.</u>
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions. . . . .	<b>4a</b>	<u>162,758.</u>
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) . . . . .	<b>4b</b>	
<b>c</b>	Multiply line 4b by 75% (.75). Enter the result as a positive amount . . . . .	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <i>must</i> enter an amount on line 4d (even if line 4b is positive) . . . . .	<b>4d</b>	
<b>e</b>	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount } . . . . .</li> </ul>	<b>4e</b>	
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT . . . . .	<b>5</b>	<u>162,758.</u>
<b>6</b>	Alternative tax net operating loss deduction (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions . . . . .	<b>7</b>	<u>162,758.</u>
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- . . . . .	<b>8a</b>	<u>12,758.</u>
<b>b</b>	Multiply line 8a by 25% (.25) . . . . .	<b>8b</b>	<u>3,190.</u>
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- . . . . .	<b>8c</b>	<u>36,810.</u>
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0- . . . . .	<b>9</b>	<u>125,948.</u>
<b>10</b>	Multiply line 9 by 20% (.20) . . . . .	<b>10</b>	<u>25,190.</u>
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) . . . . .	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10 . . . . .	<b>12</b>	<u>25,190.</u>
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit . . . . .	<b>13</b>	<u>44,581.</u>
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . .	<b>14</b>	<u>NONE</u>

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2013)

**Adjusted Current Earnings (ACE) Worksheet**

*Keep for Your Records*

▶ See ACE Worksheet Instructions.

<b>1</b>	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		<b>1</b>	162,758.
<b>2</b>	ACE depreciation adjustment:			
<b>a</b>	AMT depreciation	<b>2a</b>		
<b>b</b>	ACE depreciation:			
	(1) Post-1993 property	<b>2b(1)</b>		
	(2) Post-1989, pre-1994 property	<b>2b(2)</b>		
	(3) Pre-1990 MACRS property	<b>2b(3)</b>		
	(4) Pre-1990 original ACRS property	<b>2b(4)</b>		
	(5) Property described in sections 168(f)(1) through (4)	<b>2b(5)</b>		
	(6) Other property	<b>2b(6)</b>		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	<b>2b(7)</b>		
<b>c</b>	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P):			
<b>a</b>	Tax-exempt interest income	<b>3a</b>		
<b>b</b>	Death benefits from life insurance contracts	<b>3b</b>		
<b>c</b>	All other distributions from life insurance contracts (including surrenders)	<b>3c</b>		
<b>d</b>	Inside buildup of undistributed income in life insurance contracts	<b>3d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	<b>3e</b>		
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P:			
<b>a</b>	Certain dividends received	<b>4a</b>		
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	<b>4b</b>		
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k)	<b>4c</b>		
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c)	<b>4d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	<b>4e</b>		
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P:			
<b>a</b>	Intangible drilling costs	<b>5a</b>		
<b>b</b>	Circulation expenditures	<b>5b</b>		
<b>c</b>	Organizational expenditures	<b>5c</b>		
<b>d</b>	LIFO inventory adjustments	<b>5d</b>		
<b>e</b>	Installment sales	<b>5e</b>		
<b>f</b>	Total other E&P adjustments. Combine lines 5a through 5e		<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools		<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts		<b>7</b>	
<b>8</b>	Depletion		<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		<b>9</b>	
<b>10</b>	<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		<b>10</b>	162,758.

# Underpayment of Estimated Tax by Corporations

**2013**

▶ Attach to the corporation's tax return.

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name OPEN SOURCE MATTERS, INC Employer identification number 76-0803008

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

## Part I Required Annual Payment

<b>1</b>	Total tax (see instructions) . . . . .	<b>1</b>	<u>44,581.</u>
<b>2a</b>	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 . . . . .	<b>2a</b>	
<b>b</b>	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method . . . . .	<b>2b</b>	
<b>c</b>	Credit for federal tax paid on fuels (see instructions) . . . . .	<b>2c</b>	
<b>d</b>	<b>Total.</b> Add lines 2a through 2c . . . . .	<b>2d</b>	
<b>3</b>	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty. . . . .	<b>3</b>	<u>44,581.</u>
<b>4</b>	Enter the tax shown on the corporation's 2012 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> . . . . .	<b>4</b>	<u>95,059.</u>
<b>5</b>	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 . . . . .	<b>5</b>	<u>44,581.</u>

## Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

<b>6</b>	<input type="checkbox"/>	The corporation is using the adjusted seasonal installment method.
<b>7</b>	<input type="checkbox"/>	The corporation is using the annualized income installment method.
<b>8</b>	<input type="checkbox"/>	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
<b>9</b> <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . .	<u>9</u> 04/15/2013	06/15/2013	09/15/2013	12/15/2013
<b>10</b> <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column . . . . .	<u>10</u> 11,146.	11,145.	11,145.	11,145.
<b>11</b> Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 . . . . .	<u>11</u> 10,587.	20,000.	15,000.	
<b>Complete lines 12 through 18 of one column before going to the next column.</b>				
<b>12</b> Enter amount, if any, from line 18 of the preceding column . . . . .	<u>12</u>		8,296.	12,151.
<b>13</b> Add lines 11 and 12 . . . . .	<u>13</u>	20,000.	23,296.	12,151.
<b>14</b> Add amounts on lines 16 and 17 of the preceding column . . . . .	<u>14</u>	559.		
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	<u>15</u> 10,587.	19,441.	23,296.	12,151.
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- . . . . .	<u>16</u>			
<b>17</b> <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 . . . . .	<u>17</u> 559.			
<b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column . . . . .	<u>18</u>	8,296.	12,151.	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

For Paperwork Reduction Act Notice, see separate instructions.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i> . . . . .	<b>19</b> 05/02/2013			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19. . . . .	<b>20</b> 17			
<b>21</b> Number of days on line 20 after 4/15/2013 and before 7/1/2013	<b>21</b> 17			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 3\%$	<b>22</b> \$ 1.	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2013 and before 10/1/2013	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 3\%$	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2013 and before 1/1/2014	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 3\%$	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2013 and before 4/1/2014	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 3\%$	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2014 and before 7/1/2014	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times 3\%$	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2014 and before 10/1/2014	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times 3\%$	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2014 and before 1/1/2015	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times 3\%$	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2014 and before 2/16/2015	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times 3\%$	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36. . . . .	<b>37</b> \$ 1.	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns. . . . .	<b>38</b> \$			\$ 1.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► File a separate application for each return.

Information about Form 7004 and its separate instructions is at [www.irs.gov/form7004](http://www.irs.gov/form7004).

**Print  
or  
Type**

Name <b>OPEN SOURCE MATTERS, INC</b>	Identifying number <b>76-0803008</b>
Number, street, and room or suite no. (If P.O. box, see instructions.)	
<b>PO BOX 4668 #88354</b>	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	
<b>NEW YORK, NY 10163-4668</b>	

**Note.** File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

**Part I Automatic 5-Month Extension**

**1a** Enter the form code for the return that this application is for (see below) . . . . .         

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	<b>09</b>	Form 1041 (estate other than a bankruptcy estate)	<b>04</b>
Form 8804	<b>31</b>	Form 1041 (trust)	<b>05</b>

**Part II Automatic 6-Month Extension**

**b** Enter the form code for the return that this application is for (see below) . . . . .            

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	<b>01</b>	Form 1120-ND (section 4951 taxes)	<b>20</b>
Form 706-GS(T)	<b>02</b>	Form 1120-PC	<b>21</b>
Form 1041 (bankruptcy estate only)	<b>03</b>	Form 1120-POL	<b>22</b>
Form 1041-N	<b>06</b>	Form 1120-REIT	<b>23</b>
Form 1041-QFT	<b>07</b>	Form 1120-RIC	<b>24</b>
Form 1042	<b>08</b>	Form 1120S	<b>25</b>
Form 1065-B	<b>10</b>	Form 1120-SF	<b>26</b>
Form 1066	<b>11</b>	Form 3520-A	<b>27</b>
Form 1120	<b>12</b>	Form 8612	<b>28</b>
Form 1120-C	<b>34</b>	Form 8613	<b>29</b>
Form 1120-F	<b>15</b>	Form 8725	<b>30</b>
Form 1120-FSC	<b>16</b>	Form 8831	<b>32</b>
Form 1120-H	<b>17</b>	Form 8876	<b>33</b>
Form 1120-L	<b>18</b>	Form 8924	<b>35</b>
Form 1120-ND	<b>19</b>	Form 8928	<b>36</b>

**2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here . . . . .

**3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here . . . . .   
If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

**Part III All Filers Must Complete This Part**

**4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . . . .

**5 a** The application is for calendar year 2013 , or tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_

**b Short tax year.** If this tax year is less than 12 months, check the reason:  Initial return  Final return  
 Change in accounting period  Consolidated return to be filed  Other (see instructions-attach explanation)

<b>6</b> Tentative total tax . . . . .	<b>6</b>	NONE
<b>7</b> Total payments and credits (see instructions) . . . . .	<b>7</b>	NONE
<b>8</b> Balance due. Subtract line 7 from line 6 (see instructions) . . . . .	<b>8</b>	NONE

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

Form **7004** (Rev. 12-2012)









Form 1120, Page 1 Detail

Line 17 - Taxes and licenses

NY STATE TAXES

19,925.

Total

19,925.

Form 1120, Page 1 Detail

Line 26 - Summary of Travel, Meals and Entertainment

Gross meals and entertainment	8,297.
Less 50% limitation to Sch M-1	4,149.
Net meals & entertainment	4,148.
CONFERENCES, SEMINARS, SUMMITS AND EVENTS	58,673.
Total	62,821.

Line 26 - Other deductions

Travel, meals and entertainment	62,821.
BANK CHARGES	881.
LEGAL	28,192.
ACCOUNTING	8,000.
WEBSITE AND HOSTING EXPENSES	1,155.
OFFICE EXPENSES	583.
INSURANCE	1,204.
CONFERENCES AND SEMINARS- JOOMLA DAY EVENTS	355,581.
POSTAGE AND DELIVERY	189.
MARKETING	44,522.
LICENSES AND PERMITS	166.
DUES AND SUBSCRIPTIONS	1,439.
PROCESSING FEES	6,112.
SUPPLIES	765.
TELECOMMUNICATIONS	718.
SCHOLARSHIPS	14,075.
Total	526,403.

Form 1120, Page 5 Detail

Sch L, Line 6 -  
Other current assets

	Beginning	Ending
----- PREPAID EXPENSES	7,795.	
Total	7,795.	
	=====	=====

Sch L, Line 18 -  
Other current liabilities

----- Accrued State Taxes	19,145.	10,617.
Other current liabilities	8,000.	8,000.
Total	27,145.	18,617.
	=====	=====

Form 4626 Detail

=====  
Line 2o - Contributions Adjustment  
-----

Regular Contributions	5,500.
AMT Contributions	

Contribution adjustment	5,500.
-------------------------	--------

=====

Line 2o - Other Adjustments  
-----

Contributions	5,500.
---------------	--------

Total	5,500.
-------	--------

=====

General Business Corporation Franchise Tax Return

Tax Law - Article 9-A

See Form CT-3/4-I before completing return.

All filers must enter tax period:

Final return [ ] Amended return [ ] beginning 01-01-13 ending 12-31-13

Form with fields for Employer identification number (EIN), File number, Business telephone number, Legal name of corporation, Trade name/DBA, Mailing name, State or country of incorporation, Date received, Date of incorporation, City, State, ZIP code, Foreign corporations: date began business in NYS, NAICS business code number, NYS principal business activity, etc.

Metropolitan transportation business tax (MTA surcharge)

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? If Yes, you must file Form CT-3M/4M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an X in the appropriate box) Yes [X] No [ ]

A. Pay amount shown on line 93. Make payable to: New York State Corporation Tax. Attach your payment here. Detach all check stubs. (See instructions for details.)

B. Federal return filed (you must mark an X in one): Attach a complete copy of your federal return.

Form 1120 [X] Form 1120-H [ ] Form 1120-REIT or Form 1120-RIC [ ] Consolidated basis [ ] Form 1120S [ ] Other: [ ]

C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS. [ ]

D. Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see instructions).

E. Do you have an interest in, or have you rented, real property located in New York State? (mark an X in one box) Yes [ ] No [X]

If Yes, enter the county \_\_\_\_\_ and the value of such property or rent • [ ]

F. Has there been a transfer or acquisition of controlling interest in the entity during the last 3 years? (mark one box) Yes [ ] No [X]

G. If you marked the Consolidated basis box in line B above, complete the following:

- 1. Number of corporations included in the federal consolidated group [ ]
2. Total consolidated federal taxable income (FTI) before the net operating loss deduction (NOLD) [ ]
3. If substantially all of the voting stock of this corporation is owned or controlled, directly or indirectly, by another corporation, give the name and EIN of that corporation below.

Legal name of corporation [ ] EIN [ ]

H. Do you have an interest in any partnerships? (mark an X in the appropriate box) Yes [ ] No [X]
If Yes, enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.

I. Did you include a disregarded entity in this return? (mark an X in the appropriate box) Yes [ ] No [X]
If Yes, enter the name(s) and EIN(s) on Form CT-60-QSSS and attach it to your return.



**Computation of entire net income (ENI) base**

1	FTI before net operating loss (NOL) and special deductions (see instructions)	1	157,258.
2	Interest on federal, state, municipal, and other obligations not included on line 1 (see instructions)	2	
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock (see instr.)	3	
4a	Interest deductions directly attributable to subsidiary capital (see instructions)	4a	
4b	Noninterest deductions directly attributable to subsidiary capital (see instructions)	4b	
5a	Interest deductions indirectly attributable to subsidiary capital (see instructions)	5a	
5b	Noninterest deductions indirectly attributable to subsidiary capital (see instructions)	5b	
6	New York State and other state and local taxes deducted on your federal return (see instructions)	6	19,925.
7	Federal depreciation from Form CT-399, if applicable (see instructions)	7	
8	Other additions (see instructions) • IRC section 199 deduction:	8	
9	Add lines 1 through 8	9	177,183.
10	Income from subsidiary capital (from Form CT-3-ATT, line 26; see instr.)	10	Stmt 1
11	Fifty percent of dividends from nonsubsidiary corporations (see instr.)	11	
12	Foreign dividends gross-up not included on lines 10 and 11 (see instr.)	12	
13	New York NOLD (attach federal and New York State computations; see instr.)	13	
14	Allowable New York State depreciation from Form CT-399, if applicable (see instr.)	14	
15	Other subtractions (see instr.) S-12	15	
16	Total subtractions (add lines 10 through 15)	16	
17	ENI (subtract line 16 from line 9; show loss with a minus (-) sign; enter here and on line 42)	17	177,183.
18	Investment income before allocation (from Form CT-3-ATT, line 22, but not more than line 17 above; see instr.)	18	
19	Business income before allocation (subtract line 18 from line 17)	19	177,183.
20	Allocated investment income (multiply line 18 by % from Form CT-3-ATT, line 5)	20	
21	Allocated business income (multiply line 19 by from 100.0000 % line 119, 121, or 141; see instr.)	21	177,183.
22	Total allocated income (add lines 20 and 21)	22	177,183.
23	Optional depreciation adjustments (attach Form CT-324; enter here and on line 69; see instructions)	23	
24	ENI base (line 22 plus or minus line 23; see instructions)	24	177,183.
25	ENI base tax (see instructions; multiply line 24 by the appropriate rate from the Tax rates schedule in Form CT-3/4-I; enter here and on line 72)	25	11,517.

**Computation of capital base (enter whole dollars for lines 26 through 31; see instructions)**

		A Beginning of year	B End of year	C Average value
26	Total assets from federal return	484,462.	545,458.	514,960.
27	Real property and marketable securities included on line 26			
28	Subtract line 27 from line 26	484,462.	545,458.	514,960.
29	Real property and marketable securities at fair market value			
30	Adjusted total assets (add lines 28 and 29)	484,462.	545,458.	514,960.
31	Total liabilities	40,801.	36,617.	38,709.
32	Total capital (subtract line 31, column C, from line 30, column C)			476,251.
33	Subsidiary capital (from Form CT-3-ATT, line 28; if none, enter 0)			
34	Business and investment capital (subtract line 33 from line 32)			476,251.
35	Investment capital (from Form CT-3-ATT, line 7, column E; if none, enter 0)			
36	Business capital (subtract line 35 from line 34)			476,251.
37	Allocated investment capital (multiply line 35 by % from Form CT-3-ATT, line 5)			
38	Allocated business capital (multiply line 36 by 100.0000 % from line 119, 121, or 141)			476,251.
39	Capital base (add lines 37 and 38)			476,251.
40	Capital base tax			714.
41	Issuer's allocation percentage		100.0000 %	

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3D3512 1.000

**Computation of minimum taxable income (MTI) base** (see instructions)

42	ENI from line 17. . . . .	42	177,183.
<b>Adjustments</b> (see instructions for lines 43 through 50)			
43	Depreciation of tangible property placed in service after 1986. . . . .	43	
44	Amortization of mining exploration and development costs paid or incurred after 1986. . . . .	44	
45	Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only) . . . . .	45	
46	Basis adjustments in determining gain or loss from sale or exchange of property . . . . .	46	
47	Long term contracts entered into after February 28, 1986. . . . .	47	
48	Installment sales of certain property . . . . .	48	
49	Merchant marine capital construction funds . . . . .	49	
50	Passive activity loss (closely held and personal service corporations only) . . . . .	50	
51	Add lines 42 through 50 . . . . .	51	177,183.
<b>Tax preference items</b>			
52	Depletion (see instructions) . . . . .	52	
53			
54	Intangible drilling costs (see instructions) . . . . .	54	
55	Add lines 51 through 54 . . . . .	55	177,183.
56	New York NOLD from line 13 (see instructions) . . . . .	56	
57	Add lines 55 and 56 . . . . .	57	177,183.
58	Alternative net operating loss deduction (ANOLD) (see instructions) . . . . .	58	
59	MTI (subtract line 58 from line 57) . . . . .	59	177,183.
60	Investment income before apportioned NOLD (add line 18 and Form CT-3-ATT, line 21) . . . . .	60	
61	Investment income not included in ENI but included in MTI (see instructions) . . . . .	61	
62	Investment income before apportioned ANOLD (add lines 60 and 61) . . . . .	62	
63	Apportioned New York ANOLD (see instructions) . . . . .	63	
64	Alternative investment income before allocation (subtract line 63 from line 62; see instructions) . . . . .	64	
65	Alternative business income before allocation (subtract line 64 from line 59) . . . . .	65	177,183.
66	Allocated alternative business income (multiply line 65 by <input type="text"/> % from line 119, 121, or 161) . . . . .	66	
67	Allocated alternative investment income (multiply line 64 by <input type="text"/> % from Form CT-3-ATT, line 5) . . . . .	67	
68	Allocated MTI (add lines 66 and 67) . . . . .	68	
69	Optional depreciation adjustments from line 23 . . . . .	69	
70	MTI base (line 68 plus or minus line 69) . . . . .	70	
71	Tax on MTI base (multiply line 70 by appropriate rate; see instructions) . . . . .	71	

(continued)

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3D3598 1.000

**Computation of tax**

72	Tax on ENI base from line 25	72	11,517.
73	Tax on capital base from line 40 (see instructions) New small business: First year <input type="checkbox"/> Second year <input type="checkbox"/>	73	714.
<b>You must enter an amount on line 74a below; if none, enter 0.</b>			
74a	New York receipts (see instructions)	74a	0.
74b	Fixed dollar minimum tax (see instructions)	74b	25.
75	Amount from line 71, 72, 73, or 74b, whichever is largest (see instructions for exception)	75	11,517.
76	Subsidiary capital base from Form CT-3-ATT, line 31	76	
77	Subsidiary capital base tax from Form CT-3-ATT, line 32	77	
78	Tax due before credits (add lines 75 and 77)	78	11,517.
79	Tax credits (see instructions)	79	
80	Balance (subtract line 79 from line 78; if line 79 is more than line 78, enter 0)	80	11,517.
81	Amount from line 71 or 74b, whichever is larger	81	25.
82	Tax due (see instructions)	82	11,517.
<b>First installment of estimated tax for next period:</b>			
83a	If you filed a request for extension, enter amount from Form CT-5, line 2	83a	3,615.
83b	If you did not file Form CT-5 and line 82 is over \$1,000, see instructions	83b	
84	Add line 82 and line 83a or 83b	84	15,132.
85	Total prepayments from line 106	85	18,074.
86	Balance (subtract line 85 from line 84; if line 85 is more than line 84, enter 0)	86	
87	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	87	
88	Interest on late payment (see instructions)	88	
89	Late filing and late payment penalties (see instructions)	89	
90	Balance (add lines 86 through 89)	90	
<b>Voluntary gifts/contributions (see instructions):</b>			
91a	Amount for Return a Gift to Wildlife	91a	
91b	Amount for Breast Cancer Research and Education Fund	91b	
91c	Amount for Prostate Cancer Research, Detection, and Education Fund	91c	
91d	Amount for 9/11 Memorial	91d	
91e	Amount for Volunteer Firefighting & EMS Recruitment Fund	91e	
91f	Amount for Veterans Remembrance	91f	
92	Total (add lines 84, 87, 88, 89, and 91a through 91f)	92	15,132.
93	Balance due (If line 85 is less than line 92, subtract line 85 from line 92 and enter here. This is the amount due; enter the payment amount on line A on page 1)	93	
94	Overpayment (If line 85 is more than line 92, subtract line 92 from line 85. This is your overpayment; enter here and see instructions)	94	2,942.
95	Amount of overpayment to be credited to next period (see instructions)	95	2,942.
96	Balance of overpayment (subtract line 95 from line 94; see instructions)	96	
97	Amount of overpayment to be credited to Form CT-3M/4M (see instructions)	97	
98	Refund of overpayment (subtract line 97 from line 96; see instructions)	98	
99a	Refund of unused tax credits (see instructions and attach appropriate forms)	99a	
99b	Tax credits to be credited as an overpayment to next year's return (see instructions and attach appropriate forms)	99b	

(continued)

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**Summary of credits claimed on line 79 against current year's franchise tax** (see instructions for lines 79, 99a, 99b, 100a, and 100b)

Form CT-38, line 28 . . . . .		Form CT-601 . . . . .		Form DTF-624 . . . . .	
Form CT-40 . . . . .		Form CT-601.1 . . . . .		Form DTF-630 . . . . .	
Form CT-41 . . . . .		Form CT-602 . . . . .		Other credits . . . . .	
Form CT-43 . . . . .		Form CT-603 . . . . .			
Form CT-44 . . . . .		Form CT-604 . . . . .			
Form CT-46 . . . . .		Form CT-605 . . . . .			
Form CT-47 . . . . .		Form CT-606 . . . . .			
Form CT-236 . . . . .		Form CT-607 . . . . .			
Form CT-238 . . . . .		Form CT-611 . . . . .			
Form CT-239 . . . . .		Form CT-611.1 . . . . .			
Form CT-241 . . . . .		Form CT-612 . . . . .			
Form CT-242 . . . . .		Form CT-613 . . . . .			
Form CT-243 . . . . .		Form CT-631 . . . . .			
Form CT-246 . . . . .		Form CT-633 . . . . .			
Form CT-248 . . . . .		Form CT-634 . . . . .			
Form CT-249 . . . . .		Form CT-635 . . . . .			
Form CT-250 . . . . .		Form CT-636 . . . . .			
Form CT-259 . . . . .		Form CT-637 . . . . .			
Form CT-261 . . . . .		Servicing mortgages credit . . . . .			
Form CT-501 . . . . .		Form DTF-621 . . . . .			
Form CT-502 . . . . .		Form DTF-622 . . . . .			

If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an **X** in the box. . . . .

<b>100a</b> Total tax credits claimed above (enter here and on line 79; attach form or statement for each tax credit claimed) . . . . .		<b>100a</b>	
<b>100b</b> Total tax credits above that are refund eligible (see instructions) . . . . .		<b>100b</b>	

**Composition of prepayments on line 85** (see instructions)

		Date paid	Amount
<b>101</b> Mandatory first installment . . . . .	<b>101</b>	03-15-13	5,308.
<b>102a</b> Second installment from Form CT-400 . . . . .	<b>102a</b>	05-02-13	4,000.
<b>102b</b> Third installment from Form CT-400 . . . . .	<b>102b</b>		
<b>102c</b> Fourth installment from Form CT-400 . . . . .	<b>102c</b>	01-02-14	5,000.
<b>103</b> Payment with extension request from Form CT-5, line 5 . . . . .	<b>103</b>		3,198.
<b>104</b> Overpayment credited from prior years (see instr.)			568.
<b>105</b> Overpayment credited from Form CT-3M/4M . . . . .			
<b>106</b> Total prepayments (add lines 101 through 105; enter here and on line 85) . . . . .	<b>106</b>		18,074.

**107** If you are a member of an affiliated federal group, enter primary corporation name and EIN:

Name	EIN
------	-----

If you are more than 50% owned by another corporation, enter parent corporation name and EIN:

Name	EIN
------	-----

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**Interest paid to shareholders** (see instructions)

<b>108</b> Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? (mark an X in the appropriate box) If Yes, complete the following and line 109 (attach additional sheets if necessary)		<b>108</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Shareholder's name	SSN or EIN		
Interest paid to shareholder	Total indebtedness to shareholder described above		
<b>109</b> Is there written evidence of the indebtedness? (mark an X in the appropriate box)		<b>109</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>110</b> Interest deducted in computing FTI on line 1 of this form		<b>110</b>	
<b>111</b> If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years		<b>111</b>	

**Schedule A, Part 1 - Computation of business allocation percentage for aviation corporations** (see instructions)

		A New York State	B Everywhere	
<b>112a</b> Revenue aircraft arrivals and departures (see instr.)	<b>112a</b>			
<b>112b</b> Adjustment per Tax Law, Article 9-A, section 210.3(a)(7)(A)	<b>112b</b>	.60		
<b>112c</b> Adjusted NYS revenue aircraft arrivals and departures (multiply line 112a, column A, by line 112b)	<b>112c</b>			
<b>113</b> New York State percentage (divide line 112c by line 112a, column B)	<b>113</b>			%
<b>114a</b> Revenue tons handled (see instructions)	<b>114a</b>			
<b>114b</b> Adjustment per Tax Law section 210.3(a)(7)(A)	<b>114b</b>	.60		
<b>114c</b> Adjusted NYS revenue tons handled (multiply line 114a, column A, by line 114b)	<b>114c</b>			
<b>115</b> New York State percentage (divide line 114c by line 114a, column B)	<b>115</b>			%
<b>116a</b> Originating revenue (see instructions)	<b>116a</b>			
<b>116b</b> Adjustment per Tax Law section 210.3(a)(7)(A)	<b>116b</b>	.60		
<b>116c</b> Adjusted NYS originating revenue (multiply line 116a, column A, by line 116b)	<b>116c</b>			
<b>117</b> New York State percentage (divide line 116c by line 116a, column B)	<b>117</b>			%
<b>118</b> Total (add lines 113, 115, and 117)	<b>118</b>			%
<b>119</b> New York business allocation percentage (divide line 118 by three; use to compute lines 21, 38, and 66, and Form CT-38, line 6)	<b>119</b>			%

**Schedule A, Part 2 - Computation of business allocation percentage for trucking and railroad corporations** (see instr.)

		A New York State	B Everywhere	
<b>120</b> Revenue miles	<b>120</b>			
<b>121</b> New York State business allocation percentage (divide line 120, column A, by line 120, column B; use to compute lines 21, 38, and 66, and Form CT-38, line 6)	<b>121</b>			%

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**Schedule A, Part 3 - Computation of business allocation percentage** (see instructions)

Number of New York State employees, . . . . . •

Wages paid to New York State employees (see line 138 instructions), . . . . . •

Are you principally engaged in the activity of an air freight forwarder acting as principal or like indirect air carrier, or are you a qualified foreign air carrier? (mark an X in the appropriate box) . . . . . Yes •  No •

If No, complete **only** lines 129 through 136 and enter on line 141 the receipts factor computed on line 136. The receipts factor is the business allocation percentage.

Average value of property (see instructions)		A New York State	B Everywhere
122	Real estate owned . . . . .	•	
123	Real estate rented . . . . .	•	
124	Inventories owned . . . . .	•	
125	Tangible personal property owned . . . . .	•	
126	Tangible personal property rented . . . . .	•	
127	Total (add lines 122 through 126) . . . . .	•	
128	New York State property factor (divide line 127, column A, by line 127, column B) . . . . .	•	128 %

**Receipts in the regular course of business from:**

129	Sales of tangible personal property allocated to New York State (see instructions) . . . . .	•	129	
130	All sales of tangible personal property (see instr.) . . . . .	•	130	
131	Services performed (see instructions) . . . . .	•	131	
132	Rentals of property (see instructions) . . . . .	•	132	
133	Royalties (see instructions) . . . . .	•	133	
134	Other business receipts (see instructions) . . . . .	•	134	
135	Total (add lines 129 through 134) . . . . .	•	135	
136	New York State receipts factor (divide line 135, column A, by line 135, column B; see instructions), . . . . .	•	136	%
137	New York State additional receipts factor (see instructions) . . . . .	•	137	%

**Payroll**

138	Wages and other compensation of employees, except general executive officers (see instr.) . . . . .	•	138	
139	New York State payroll factor (divide line 138, column A, by line 138, column B) . . . . .	•	139	%
140	Total New York State factors (add lines 128, 136, 137, and 139) . . . . .	•	140	%
141	New York State business allocation percentage (see instructions) . . . . .	•	141	100.0000 %

**Schedule A, Part 4 - Computation of alternative business allocation percentage for MTI base** (see instructions)

If you are **not** an air freight forwarder acting as principal or like indirect air carrier, or a qualified foreign air carrier, complete **only** lines 149 through 156 and enter on line 161 the receipts factor computed on line 156. The receipts factor is the alternative business allocation percentage.

Average value of property (see instructions)		A - New York State	B - Everywhere
142	Real estate owned . . . . .	142	
143	Real estate rented . . . . .	143	
144	Inventories owned . . . . .	144	
145	Tangible personal property owned . . . . .	145	
146	Tangible personal property rented . . . . .	146	
147	Total (add lines 142 through 146) . . . . .	147	
148	New York State property factor (divide line 147, column A, by line 147, column B) . . . . .	•	148 %

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Receipts in the regular course of business from:

149 Sales of tangible personal property

allocated to New York State (see instructions)

149		
150		
151		
152		
153		
154		
155		

150 All sales of tangible personal property

151 Services performed (see instructions)

152 Rentals of property

153 Royalties

154 Other business receipts

155 Total (add lines 149 through 154)

156	New York State receipts factor (divide line 155, column A, by line 155, column B; see instructions)	156	%
157	New York State additional receipts factor (see instructions)	157	%

Payroll

158 Wages and other compensation of

employees, except general executive officers

158		
-----	--	--

159	New York State payroll factor (divide line 158, column A, by line 158, column B)	159	%
-----	--	-----	---

160	Total New York State factors (add lines 148, 156, 157, and 159)	160	%
-----	---	-----	---

161	Alternative business allocation percentage (see instructions)	161	%
-----	---	-----	---

162	Are you claiming small business taxpayer status for lower ENI tax rates? (see Small business taxpayer definition in the line 25 instructions of Form CT-3/4-I; mark an X in the appropriate box)	162	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-----	--	-----	---

163	If you marked Yes on line 162, enter total capital contributions (see worksheet in instructions)	163	
-----	--	-----	--

164	Are you claiming qualified New York manufacturer status for lower capital base tax limitation? (see instructions; mark an X in the appropriate box)	164	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
-----	---	-----	---

165	Are you claiming qualified New York manufacturer status for lower ENI tax rates? (see instructions; mark an X in the appropriate box)	165	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
-----	---	-----	---

166	Are you claiming eligible qualified New York manufacturer status for lower tax rates? (see instructions; mark an X in the appropriate box)	166	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
-----	--	-----	---

167	Are you a qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot and have elected to be subject only to the fixed dollar minimum tax base? (mark an X in the appropriate box)	167	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
-----	---	-----	---

Amended return information - If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination  If marked, enter date of determination: \_\_\_\_\_

Net operating loss (NOL) carryback  Capital loss carryback

Federal return filed Form 1139  Form 1120X

Net operating loss (NOL) information

New York State NOL carryover total available for use this tax year from all prior tax years	
Federal NOL carryover total available for use this tax year from all prior tax years	
New York State NOL carryforward total for future tax years	
Federal NOL carryforward total for future tax years	

Corporations organized outside New York State: Complete the following for capital stock issued and outstanding.

Number of par shares	Value \$	Number of no-par shares	Value \$
Third-party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) DANIELLE HLATKY	Designee's phone number PIN 3264
Designee's e-mail address			

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

Authorized Person	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Telephone number	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC	Firm's EIN 26-4268100	Preparer's PTIN or SSN P01403210
	Signature of individual preparing this return	Address 195 KOSCIUSZKO ST BROOKLYN NY 11216	
	E-mail address of individual preparing this return	Preparer's NYTPRN 11419808	Date

See instructions for where to file.

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## Schedules B, C, and D - Attachment to Form CT-3

### General Business Corporation Franchise Tax Return

Legal name of corporation <b>OPEN SOURCE MATTERS, INC</b>	Employer identification number (EIN) <b>76-0803008</b>
--	---

Attach to Form CT-3, *General Business Corporation Franchise Tax Return*.

#### Schedule B, Part 1 - Computation of investment capital and investment allocation percentage

(See instructions; attach separate sheets if necessary, displaying this information formatted as below.)

##### Section 1 - Corporate and governmental debt instruments

Description of investment (identify each debt instrument and its date of maturity here; for each debt instrument complete columns C through G on the corresponding lines below)

Item	A - Debt instrument (see instructions)				B - Maturity date
A					
B					
Item	C Average value (see instructions)	D - Liabilities directly or indirectly attributable to investment capital (see instructions)	E Net average value (column C - column D; see instructions)	F Issuer's allocation % (see instructions)	G Value allocated to New York State (column E x column F)
A					
B					
Amounts from attached list					
Totals of Section 1					
<b>1</b>					

##### Section 2 - Corporate stock, stock rights, stock warrants, and stock options

Description of investment (identify each investment and enter number of shares here; for each investment complete columns C through G on the corresponding lines below)

Item	A - Investment (see instructions)				B - Number of shares
A					
B					
Item	C Average value (see instructions)	D - Liabilities directly or indirectly attributable to investment capital (see instructions)	E Net average value (column C - column D; see instructions)	F Issuer's allocation % (see instructions)	G Value allocated to New York State (column E x column F)
A					
B					
Amounts from attached list					
Totals of Section 2					
<b>2</b>					
Totals of Section 1 (from line 1)					
<b>3</b>					
Totals (add lines 2 and 3 in columns C, D, E, and G)					
<b>4</b>					
Investment allocation percentage without the addition of cash (divide line 4, column G, by line 4, column E). Use to compute Form CT-3, lines 20, 37, and 67; and Form CT-38, line 7 . . . . .					<b>5</b> %
Cash (see instr.)					
<b>6</b>					
Investment capital (add lines 4 and 6 in columns C, D, and E). Enter column E total on Form CT-3, line 35					
<b>7</b>					



**Schedule B, Part 2 - Computation of investment income before allocation** (see instructions)

8	Interest income from investment capital in Part 1, Section 1 (see instructions)	8
9	Interest income from bank accounts (if line 5 is zero, enter 0 here; see instructions)	9
10	All other interest income from investment capital (see instructions)	10
11	Dividend income from investment capital (see instructions)	11
12	Net capital gain or loss from investment capital (see instructions)	12
13	Investment income other than interest, dividends, capital gains, or capital losses (see instructions)	13
14	Total investment income (add lines 8 through 13)	14
15	Interest deductions directly attributable to investment capital (see instr.)	15
16	Noninterest deductions directly attributable to investment capital (see instr.)	16
17	Interest deductions indirectly attributable to investment capital (see instr.)	17
18	Noninterest deductions indirectly attributable to investment capital (see instr.)	18
19	Total deductions (add lines 15 through 18)	19
20	Balance (subtract line 19 from line 14)	20
21	Apportioned New York net operating loss deduction (NOLD) (see instructions)	21
22	Investment income before allocation (subtract line 21 from line 20; enter here and on Form CT-3, line 18)	22

**Schedule C, Part 1 - Income from subsidiary capital** (see instructions)

23	Interest from subsidiary capital (see instructions; attach list)	23
24	Dividends from subsidiary capital (see instructions; attach list)	24
25	Capital gains from subsidiary capital (see instructions; attach list)	25
26	Total (add lines 23 through 25; enter here and on Form CT-3, line 10)	26

**Schedule C, Part 2 - Computation and allocation of subsidiary capital base and tax** (see instructions)

Include all corporations, except a DISC, in which you own more than 50% of the voting stock. Attach separate sheets if necessary, displaying this information formatted as below.

A - Description of subsidiary capital (list the name of each corporation and the EIN here; for each corporation complete columns B through G on the corresponding lines below)

Item	Name						EIN
A							
B							
C							
A Item	B % of voting stock owned	C Average value (see instructions)	D Liabilities directly or indirectly attributable to subsidiary capital (see instructions)	E Net average value (column C - column D; see instructions)	F Issuer's allocation % (see instr.)	G Value allocated to New York State (column E x column F)	
A							
B							
C							
Amounts from attached list . . .							

27	Totals (add amounts in columns C and D)	27
28	Total net average value of subsidiary capital (add amounts in column E; enter here and on Form CT-3, line 33)	28
29	Subsidiary capital base before deduction (add amounts in column G)	29
30	Value of subsidiary capital included in column G of subsidiaries taxable under Tax Law Article 32; Article 33; or Article 9, section 186 (see instructions)	30
31	Subsidiary capital base (subtract line 30 from line 29; enter here and on Form CT-3, line 76)	31
32	Subsidiary capital base tax (multiply line 31 by .0009; enter here, on Form CT-3, line 77, and on Form CT-38, line 25)	32

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**Qualified public utilities:** use Schedule D, Part 1 to compute the adjustment for entire net income (ENI).  
**Transferees:** use lines 40, 41, and 43 only to compute the adjustment for ENI.

**Schedule D, Part 1 - Adjustments for qualified public utilities and transferees** *(see instructions)*

<b>Other additions</b>			
33	Federal depreciation deduction for transition property <i>(see instructions)</i> . . . . .	•	<b>33</b>
34	Federal loss on the sale of transition property <i>(see instructions)</i> . . . . .	•	<b>34</b>
35	New York gain on the sale of transition property <i>(see instructions)</i> . . . . .	•	<b>35</b>
36	Add lines 33, 34, and 35 <i>(enter here and include on Form CT-3, line 8)</i> . . . . .	•	<b>36</b>
<b>Other subtractions</b>			
37	New York depreciation deduction for transition property <i>(see instructions)</i> . . . . .	•	<b>37</b>
38	New York loss on the sale of transition property <i>(see instructions)</i> . . . . .	•	<b>38</b>
39	Federal gain on the sale of transition property <i>(see instructions)</i> . . . . .	•	<b>39</b>
40	Transition property basis adjustment carryover to gain transactions <i>(see instructions)</i> . . . . .	•	<b>40</b>
41	Transition property basis adjustment carryover to loss transactions <i>(see instructions)</i> . . . . .	•	<b>41</b>
42	New York regulatory asset deduction <i>(see instructions)</i> . . . . .	•	<b>42</b>
43	Add lines 37 through 42 <i>(enter here and include on Form CT-3, line 15)</i> . . . . .	•	<b>43</b>

**Qualified power producers or qualified pipeline corporations:** use Schedule D, Part 2 if you claim a depreciation deduction on transition property for federal income tax purposes.

**Schedule D, Part 2 - Adjustments for qualified power producers and qualified pipeline corporations** *(see instr.)*

<b>Other additions</b>			
44	Federal depreciation deduction for transition property <i>(see instructions; enter here and include on Form CT-3, line 8)</i> . . . . .	•	<b>44</b>
<b>Other subtractions</b>			
45	New York depreciation deduction for transition property <i>(see instructions; enter here and include on Form CT-3, line 15)</i> . . . . .	•	<b>45</b>



New York CT-3, Page 2 Detail

Line 13 - NOL Carryover

Carryover generated in tax year 2009 ..... 8,933.

NOL utilized in 2010 8,933.

Total NOL utilized 8,933.

NOL carried forward to 2014 NONE

Total NOL carried forward to 2014

# CT-2

New York State Department of Taxation and Finance

# Corporation Tax Return Summary

2013

2c. Legal name of corporation **2c.** OPEN SOURCE MATTERS, INC

Payment enclosed **8.**

1	Return type	1.	CT3M4M
2a	Employer ID number (EIN)	2a.	76-0803008
2b	File number (FCC)	2b.	AA9
3	Period beginning date (mm-dd-yy)	3.	01-01-13
4	Period ending date (mm-dd-yy)	4.	12-31-13
5	Amended (Y=1; N=0)	5.	0
6	Address change (Y=1; N=0)	6.	
7	Final (Y=1; N=0)	7.	
9	NAICS code	9.	
10	MTA indicator (None=0; Y=1; N=2; Both=3)	10.	
11a	Type of bank - Clearinghouse (Y=1; N=0)	11a.	
11b	Type of bank - Savings (Y=1; N=0)	11b.	
11c	Type of bank - Other commercial (Y=1; N=0)	11c.	
12	Federal 1120-H filed (Y=1; N=0)	12.	
13	REIT/RIC indicator (Y=1; N=0)	13.	
14	QSSS indicator (Y=1; N=0)	14.	
15	Form ID number	15.	439001131062
16	Tax sub type	16.	24
17	Tax due/MTA surcharge	17.	2,410.00
18	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	18.	.
19	Return a Gift to Wildlife	19.	.
20	Breast Cancer Research and Education Fund	20.	.
21	Prostate Cancer Research, Detection, and Education Fund	21.	.
22	9/11 Memorial	22.	.
23a	Volunteer Firefighting & EMS Recruitment Fund	23a.	.
23b	Veterans Remembrance	23b.	.
24	Balance due	24.	.
25	Amount of overpayment credited to next period - NYS	25.	.
26	Refund of overpayment	26.	.
27	Refund of unused tax credits	27.	.
28	Tax credits to be credited as an overpayment to next year's return	28.	.
29	Amount of overpayment credited to next period - MTA	29.	614.00
30	Amount of MTA surcharge retaliatory tax credit to be refunded	30.	.
31	Total license fee	31.	.
32	Maintenance fee due	32.	.
33	Fixed dollar minimum	33.	.
34	(Combined) parent's EIN	34.	-
35	New York receipts	35.	.
36	Alternative entire net income (ENI) percentage	36.	.
37	Computation of issuer's allocation percentage	37.	.
38	Issuer's allocation percentage	38.	.
39	Paid preparer's EIN	39.	26-4268100

**THIS FORM MUST BE FILED WITH YOUR RETURN**

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73285X 786D

76-0803008

42

For office use only

General Business Corporation  
MTA Surcharge Return

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

All filers must enter tax period:

Amended return

beginning  ending

Employer identification number (EIN) <b>76-0803008</b>	File number <b>AA9</b>	Business telephone number <b>347-425-9397</b>	If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/>
Legal name of corporation <b>OPEN SOURCE MATTERS, INC</b>		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation <b>NEW YORK</b>	Date received (for Tax Department use only)
Number and street or PO box <b>PO BOX 4668 #88354</b>		Date of incorporation <b>01-01-05</b>	
City <b>NEW YORK</b>	State ZIP code <b>NY 10163-4668</b>	Foreign corporations: date began business in NYS	

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

File this form with your Form CT-3, CT-3-A, or CT-4. Before completing this return, see Form CT-3M/4M-I, *Instructions for Form CT-3M/4M*.

<b>A.</b> Pay amount shown on line 12. Make payable to: <b>New York State Corporation Tax</b>		Payment enclosed
◀ Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A</b>	

Computation of MTA surcharge

1	Net New York State franchise tax (see instructions)	1	14,175.
2	MCTD allocation percentage from line 35, line 43, or line 45	2	100.0000 %
3	Allocated franchise tax (multiply line 1 by line 2)	3	14,175.
4	MTA surcharge (multiply line 3 by 17% (.17))	4	2,410.
<b>First installment of estimated tax for next period:</b>			
5a	If you filed a request for extension, enter amount from Form CT-5, line 7, or CT-5.3, line 10	5a	756.
5b	If you did not file Form CT-5 or CT-5.3, see instructions	5b	
6	Add lines 4 and line 5a or 5b	6	3,166.
7	Total prepayments from line 52	7	3,780.
8	Balance (if line 7 is less than line 6, subtract line 7 from line 6)	8	
9	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	9	
10	Interest on late payment (see instructions for Form CT-3, CT-3-A, or CT-4)	10	
11	Late filing and late payment penalties (see instructions for Form CT-3, CT-3-A, or CT-4)	11	
12	Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above)	12	
13	Overpayment (if line 6 is less than line 7, subtract line 6 from line 7; enter here and see instructions)	13	614.
14	Amount of overpayment to be credited to New York State franchise tax (see instructions)	14	
15	Amount of overpayment to be credited to MTA surcharge for next period (see instructions)	15	614.
16	Amount of overpayment to be refunded (see instructions)	16	

Schedule A - Computation of MCTD allocation percentage (see instructions)

Schedule A, Part 1 - MCTD allocation (see instructions)		A	B
		MCTD	New York State
Average value of property			
17	Real estate owned (see instructions)	17	
18	Real estate rented (see instructions)	18	
19	Inventories owned	19	
20	Tangible personal property owned (see instructions)	20	
21	Tangible personal property rented (see instructions)	21	
22	Total (add lines 17 through 21)	22	
23	MCTD property factor (divide line 22, column A, by line 22, column B)	23	%

(continued)

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**Receipts in the regular course of business from:**

(see instructions for lines 24 through 29)

24	Sales of tangible personal property allocated to the MCTD	24		
25	Sales of tangible personal property allocated to New York State	25		
26	Services performed	26		
27	Rentals of property	27		
28	Royalties	28		
29	Other business receipts	29		
30	Total (add lines 24 through 29)	30		
31	MCTD receipts factor (divide line 30, column A, by line 30, column B)	31		%
32	Payroll - Wages and other compensation of employees except general executive officers	32		
33	MCTD payroll factor (divide line 32, column A, by line 32, column B)	33		%
34	Total MCTD factors (add lines 23, 31, and 33)	34		%
35	MCTD allocation percentage (see instr. divide line 34 by three or by the number of factors; enter here and on line 2)	35	100.0000	%

**Schedule A, Part 2 - Computation of MCTD allocation for aviation corporations** (see instructions)

	A MCTD	B New York State
36 Revenue aircraft arrivals and departures	36	
37 MCTD percentage (divide line 36, column A, by line 36, column B)	37	%
38 Revenue tons handled	38	
39 MCTD percentage (divide line 38, column A, by line 38, column B)	39	%
40 Originating revenue	40	
41 MCTD percentage (divide line 40, column A, by line 40, column B)	41	%
42 Total (add lines 37, 39, and 41)	42	%
43 MCTD allocation percentage (divide line 42 by three; enter here and on line 2)	43	%

**Schedule A, Part 3 - Computation of MCTD allocation for trucking and railroad corporations** (see instructions)

	A MCTD	B New York State
44 Revenue miles	44	
45 MCTD allocation percentage (divide line 44, column A, by line 44, column B; enter here and on line 2)	45	%

**Composition of prepayments claimed on line 7** (see instructions)

	Date paid	Amount
46 Mandatory first installment	46	1,238.
47a Second installment from Form CT-400	47a	
47b Third installment from Form CT-400	47b	
47c Fourth installment from Form CT-400	47c	
48 Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	48	2,419.
49 Overpayment credited from prior years	49	123.
50 Add lines 46 through 49	50	3,780.
51 Overpayment credited from Form CT- _____ Period _____	51	
52 Total prepayments (add lines 50 and 51; enter here and on line 7)	52	3,780.

<b>Third - party designee</b> (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) <b>DANIELLE HLATKY</b>	Designee's phone number
	Designee's e-mail address		PIN <b>3264</b>

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

<b>Authorized Person</b>	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person		Telephone number Date
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>PIPIA COHEN HLATKY LLC</b>	Firm's EIN <b>26-4268100</b>	Preparer's PTIN or SSN <b>P01403210</b>
	Signature of individual preparing this return	Address <b>195 KOSCIUSZKO ST BROOKLYN NY 11216</b>	
	E-mail address of individual preparing this return	Preparer's NYTPRIN <b>11419808</b>	Date

See instructions for where to file.

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