

PIPIA COHEN HLATKY LLC
195 KOSCIUSZKO ST
BROOKLYN, NY 11216
Tel: 347-425-9397
Fax: 347-412-5283

September 11, 2018

OPEN SOURCE MATTERS, INC
PO BOX 4668 #88354
NEW YORK, NY 10163-4668

Dear Client,

Enclosed are the original and one copy of the following corporate returns prepared on behalf of OPEN SOURCE MATTERS, INC for the year ended December 31, 2015.

2015 U.S. Corporation Income Tax Return
2015 Application for Automatic Extension of Time to File Corporation Income Tax Return
2015 New York General Business Corporation Franchise Tax Return
2015 New York State Authorization for Electronic Funds Withdrawal
2015 New York State General Corporation MTA Surcharge Return

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

DANIELLE HLATKY
PIPIA COHEN HLATKY LLC

Enclosures

PIPIA COHEN HLATKY LLC
195 KOSCIUSZKO ST
BROOKLYN, NY 11216
Tel: 347-425-9397
Fax: 347-412-5283

OPEN SOURCE MATTERS, INC
Instructions for Filing
Form 1120
U.S. Corporation Income Tax Return
for the year ended December 31, 2015

The original return should be signed (using full name and title) and dated on page one by an authorized officer of the corporation.

The signed return should be filed on or before September 15, 2016 with the following:

Department of the Treasury
Internal Revenue Service Center
Cincinnati, OH 45999-0012

Although there is no tax for the current year, estimated tax payments may be required in order to avoid an underpayment penalty next year.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

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OPEN SOURCE MATTERS, INC
Instructions for Filing
Form 7004
Application for Automatic Extension of Time to File
Corporation Income Tax Return
for the year ended December 31, 2015

We have electronically filed your extension.

There is no tax due with the application.

Do NOT separately file Form 7004 with the Internal Revenue Service. Doing so will delay the processing of your extension.

The Internal Revenue Service will notify us when your extension is accepted. Your extension is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your extension.

Carryovers to Next Year
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	Regular Tax	Alternative Minimum Tax
Non-SRLY NOL	82,346.	9,370.

U.S. Corporation Income Tax Return
For calendar year 2015 or tax year beginning _____, ending _____

▶ Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if: 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 <input type="checkbox"/>	TYPE OR PRINT	Name OPEN SOURCE MATTERS, INC Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 4668 #88354 City or town, state, or province, country, and ZIP or foreign postal code NEW YORK, NY 10163-4668	B Employer identification number 76-0803008 C Date incorporated 01/01/2005 D Total assets (see instructions) \$ 436,335.
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change <input type="checkbox"/>			

Income	1a	Gross receipts or sales	452,922.	
	b	Returns and allowances		
	c	Balance. Subtract line 1b from line 1a		452,922.
	2	Cost of goods sold (attach Form 1125-A)		
	3	Gross profit. Subtract line 2 from line 1c		452,922.
	4	Dividends (Schedule C, line 19)		
	5	Interest		530.
	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	Total income. Add lines 3 through 10		453,452.	
Deductions (See instructions for limitations on deductions.)	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.	696.
	18	Interest		
	19	Charitable contributions		
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		
	21	Depletion		
	22	Advertising		13,965.
	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.	361,849.
	27	Total deductions. Add lines 12 through 26		376,510.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		76,942.
29a	Net operating loss deduction (see instructions)	76,942.		Stmt 3
	b Special deductions (Schedule C, line 20)			
	c Add lines 29a and 29b		76,942.	
30	Taxable income. Subtract line 29c from line 28 (see instructions)			
31	Total tax (Schedule J, Part I, line 11)			
32	Total payments and refundable credits (Schedule J, Part II, line 21)		NONE	
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>			
34	Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed			
35	Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid		NONE	
36	Enter amount from line 35 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		NONE	

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

For Paperwork Reduction Act Notice, see separate instructions. Form **1120** (2015)

Schedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-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 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on 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 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 . . . ▶			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, 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), . . . ▶		2
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4
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	Total credits. Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7
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	Total. Add lines 9a through 9f		10
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11

Part II-Payments and Refundable Credits

12	2014 overpayment credited to 2015	12	
13	2015 estimated tax payments	13	NONE
14	2015 refund applied for on Form 4466	14	()
15	Combine lines 12, 13, and 14	15	NONE
16	Tax deposited with Form 7004	16	NONE
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17.	18	NONE
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	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	NONE

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 for question 5a. 'No' is checked.

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 for question 5b. 'No' is checked.

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. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

Table with Yes/No columns for question 6. 'No' is checked.

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 for question 7. 'No' is checked.

(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.) \$ 159,288.

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? 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 \$

Table with Yes/No columns for question 13. 'No' is checked.

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 for question 14. 'No' is checked.

15a Did the corporation make any payments in 2015 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 for question 15. 'No' is checked for both a and b.

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?

Table with Yes/No columns for question 16. 'No' is checked.

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 for question 17. 'No' is checked.

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 for question 18. 'No' is checked.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		327,106.		434,749.
2a Trade notes and accounts receivable	12,635.		1,400.	
b Less allowance for bad debts	()	12,635.	()	1,400.
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
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		339,927.		436,335.
Liabilities and Shareholders' Equity				
16 Accounts payable		21,235.		
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)	Stmt 4	8,000.		8,696.
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		310,692.		427,639.
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		()		()
28 Total liabilities and shareholders' equity		339,927.		436,335.

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

Note: The corporation may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	116,947.	7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2 Federal income tax per books			
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize): _____		See Statement 5	40,005.
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions . \$ _____ c Travel and entertainment . \$ _____		8 Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions . \$ _____	
6 Add lines 1 through 5	116,947.	9 Add lines 7 and 8	40,005.
		10 Income (page 1, line 28) - line 6 less line 9	76,942.

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

1 Balance at beginning of year	310,692.	5 Distributions: a Cash	
2 Net income (loss) per books	116,947.	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	427,639.	8 Balance at end of year (line 4 less line 7)	427,639.

Form **8050**

(December 2009)
Department of the Treasury
Internal Revenue Service

Direct Deposit of Corporate Tax Refund

▶ Attach to Form 1120 or 1120S.

OMB No. 1545-1762

Name of corporation (as shown on tax return) OPEN SOURCE MATTERS, INC	Employer identification number 76-0803008
	Phone number (optional)

1. **Routing number (must be nine digits).** The first two digits must be between 01 and 12 or 21 through 32.

0	2	1	0	0	0	0	8	9
---	---	---	---	---	---	---	---	---

2. **Account number (include hyphens but omit spaces and special symbols):**

9	9	7	3	3	8	8	7	7	8										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

3. **Type of account (one box must be checked):**

Checking Savings

General Instructions

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

Purpose of Form

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

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

Who May File

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

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

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

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

Conditions Resulting in a Refund by Check

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

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

How To File

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

Specific Instructions

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

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

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

Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us

the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

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

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average times are: **Recordkeeping**, 1 hr., 25 min.; **Learning about the law or the form**, 6 min.; **Preparing, copying, assembling, and sending the form to the IRS**, 7 min.

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

Sample Check

Note. The routing and account numbers may be in different places on the corporations check.

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.

**Print
 or
 Type**

Name OPEN SOURCE MATTERS, INC	Identifying number 76-0803008
Number, street, and room or suite no. (If P.O. box, see instructions.) PO BOX 4668 #88354	
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)). NEW YORK, NY 10163-4668	

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	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

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

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 2015 , 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)

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

Accrued State Taxes for New York

696.

Total

696.
=====

Form 1120, Page 1 Detail

Line 26 - Summary of Travel, Meals and Entertainment

CONFERENCES, SEMINARS, SUMMITS AND EVENTS	105,366.

Total	105,366.
	=====

Line 26 - Other deductions

Travel, meals and entertainment	105,366.
BANK CHARGES	3,555.
LEGAL	54,401.
ACCOUNTING	4,281.
INSURANCE	1,770.
CONFERENCES AND SEMINARS- JOOMLA DAY EVENTS	166,496.
POSTAGE AND DELIVERY	2,686.
PRINTING AND REPRODUCTION	2,239.
CODING AND DEVELOPMENT	4,874.
PROFESSIONAL FEES	16,181.

Total	361,849.
	=====

Form 1120, Page 1 Detail

Line 29a - Non-SRLY NOL deduction

Year ending	Original NOL	Amount Available	Amount Used	Converted Contributions	Carryover to Next year
12/31/2009	10,279.				
12/31/2014	159,288.	159,288.	76,942.		82,346.
Total	169,567.	159,288.	76,942.		82,346.

Form 1120, Page 5 Detail

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Sch L, Line 18 - Other current liabilities	Beginning	Ending
-----	-----	-----
Accrued State Taxes		696.
Other current liabilities	8,000.	8,000.
-----	-----	-----
Total	8,000.	8,696.
	=====	=====

Form 1120, Page 5 Detail

Sch M-1, Line 7 - Income recorded on books not included on return

REFUND ON FEDERAL TAXES PAID	40,005.

Total	40,005.
	=====



Department of Taxation and Finance
**General Business Corporation
 Franchise Tax Return**
 Tax Law - Article 9-A

CT-3

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2015. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred (see Form CT-1).

See instructions, Form CT-3-I, before completing return.

All filers must enter tax period:

Final return Amended return beginning ending

Employer identification number (EIN) 76-0803008	File number AA9	Business telephone number 347-425-9397	If you claim an overpayment, mark an X in the box <input checked="" 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	
Mailing address number and street or PO box PO BOX 4668 #88354		Date of incorporation 01-01-05	Foreign corporations: date began business in NYS
City NEW YORK	State NY	ZIP code 10163-4668	Country (if not United States) For office use only
Principal business activity in NYS WEB BASED SOFTWARE M		NAICS business code number (from NYS Pub 910) 511130	
If address/phone above is new, mark an X in the box <input type="checkbox"/> If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.			

A. Pay amount shown on Part 2, line 23. Make payable to: **New York State Corporation Tax**
 Attach your payment here. (Detach all check stubs; see instructions for details.) **A** Payment enclosed

B. Are you subject to the metropolitan transportation business tax (MTA surcharge)? (see instructions; mark an X in the appropriate box). Yes No

C. If you are disclaiming tax liability in New York State based on Public Law 86-272, mark an X in the box (see instructions). **C**

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

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 MIKE DEMOPOULOS	Signature of authorized person	Official title TREASURER
	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 NYTPRIN or 11419808	Excl. code Date

See instructions for where to file.

Content of Form CT-3

Part 1 - General corporate information	Part 5 - Computation of investment capital for the current tax year
Part 2 - Computation of balance due or overpayment	Part 6 - Computation of business apportionment factor
Part 3 - Computation of tax on business income base	Part 7 - Summary of tax credits claimed
Part 4 - Computation of tax on capital base	



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Part 1 – General corporate information

Section A – Qualification for preferential tax rates

If you are a corporation as identified in this section and qualify for preferential tax rates, mark an **X** in the boxes that apply to you (see instructions).

- 1 A qualified emerging technology company (QETC) for purposes of the lower tax rates, capital base tax cap, and fixed dollar minimum tax amounts 1
 - 2 A qualified New York manufacturer based on the principally engaged test for purposes of the lower business income base tax rate and fixed dollar minimum tax amounts. 2
 - 3 A qualified New York manufacturer based on the principally engaged test for purposes of the lower capital base tax rate and capital base tax cap 3
 - 4 A qualified New York manufacturer based on the significant employment and property test for purposes of the lower tax rates, capital base tax cap, and fixed dollar minimum tax amounts 4
 - 5 Claiming cooperative housing corporation status for the lower capital base tax rate 5
 - 6 A small business eligible for the lower business income tax rates and possible capital base tax exception 6
- If you marked this box, complete line 6a; also mark the box at line 6b or 6c, as applicable.
- 6a Total capital contributions 6a
 - 6b **Small business taxpayers only:** you are also a QETC 6b
 - 6c **Small business taxpayers only:** you are also a qualified New York manufacturer 6c
 - 7 A qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot, and you have elected to be subject only to the fixed dollar minimum tax base. 7

Section B – New York State information (see instructions)

- 1 Number of New York State employees 1
- 2 Wages paid to New York State employees 2
- 3 Number of business establishments in New York State 3
- 4 If you have an interest in, or have rented, real property in New York State, mark an **X** in the box and complete lines 4a and 4b (if multiple counties see instructions) 4
- 4a The real property's county. 4a
- 4b The real property's value or rent 4b
- 5 If you are claiming an exception to the related member expense addback under Tax Law §208.9(o)(2)(B), mark an **X** in the box 5
- 5a If you marked the line 5 box, use line 5a to report the applicable exception number (1-4) and the amount of royalty payments. 5a Number Amount
- 6 If you are not protected by Public Law 86-272 and are subject to tax **solely** as a result of deriving receipts in New York State, mark an **X** in the box 6

Section C – Filing information

- 1 **Federal return filed** – you must mark an **X** in one box and attach a complete copy of your federal return
 1120 • 1120 consolidated • 1120-REIT or 1120-RIC 1120S • 1120F • 1120-H
- 2 **Amended return** – If you marked the amended return box on page 1, then for any item(s) that apply, mark an **X** in the box and attach documentation
 Final federal determination • Date of determination NOL carryback • Capital loss carryback • 1139 • 1120X •
 2a Enter the tax due amount from your most recently filed New York State return for this tax period • 2a
- 3 **Required attachments** – For all forms, other than tax credit claim forms, that are attached to this return, mark an **X** in the applicable box(es)
 CT-3.1 • CT-3.2 • CT-3.3 • CT-3.4 • CT-60 • CT-225 • Other (identify):
- 4 If you are claiming tax credits, enter the number of tax credit forms attached to this return. Where multiple forms are filed for the same credit, count **each** form filed. 4
- 5 If you filed federal Form 1120F and you have effectively connected income (ECI), mark an **X** in the box 5

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Part 2 – Computation of balance due or overpayment

Largest of three tax bases, minus credits, plus mandatory first installment

1a	Business income base tax (from Part 3, line 20)	•	1a	554.	
1b	Capital base tax (from Part 4, line 15; see instructions)	•	1b	554.	
1c	Fixed dollar minimum tax (see instr) • <input type="text" value="New York receipts"/> 452,992.	•	1c	175.	
2	Tax due (enter the amount from line 1a, 1b, or 1c, whichever is largest; see instructions)	•	2	554.	
3	Tax credits used (from Part 7, line 2; see instructions)	•	3		
4	Tax due after credits (subtract line 3 from line 2; if line 3 is more than line 2, enter 0)	•	4	554.	
5	If you filed a request for an extension, enter the amount from Form CT-5, line 2	•	5		
6	If you did not file Form CT-5 and line 4 is over \$1,000, see instructions	•	6		
7	Largest base minus credits, plus mandatory first installment (add line 4 and line 5 or 6)	•	7	554.	

Penalties and interest

8	Estimated tax penalty (see instructions; if Form CT-222 is attached, mark an X in the box) <input type="checkbox"/>	•	8		
9	Interest on late payment (see instructions)	•	9		
10	Late filing and late payment penalties (see instructions)	•	10		
11	Total penalties and interest (add lines 8, 9, and 10)	•	11		

Voluntary gifts/contributions (see instructions)

12a	Return a Gift to Wildlife	•	12a		
12b	Breast Cancer Research and Education Fund	•	12b		
12c	Prostate Cancer Research, Detection, and Education Fund	•	12c		
12d	9/11 Memorial	•	12d		
12e	Volunteer Firefighting & EMS Recruitment Fund	•	12e		
12f	Veterans Remembrance	•	12f		
12g	Women's Cancers Education and Prevention Fund	•	12g		
13	Total voluntary gifts/contributions (add lines 12a through 12g)	•	13		

Total amount due

14	Add lines 7, 11, and 13	•	14	554.	
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Prepayments

15	Mandatory first installment	•	15		
16	Second installment (from Form CT-400)	•	16		
17	Third installment (from Form CT-400)	•	17		
18	Fourth installment (from Form CT-400)	•	18		
19	Payment with extension request (from Form CT-5, line 5)	•	19	650.	
20	Overpayment credited from prior years <input type="text" value="Period"/>	•	20		
21	Overpayment credited from CT-3-M <input type="text" value="Period"/>	•	21		
22	Total prepayments (add lines 15 through 21; see instructions)	•	22	650.	

Payment due or overpayment to be credited/refunded

23	Balance due (If line 22 is less than line 14, subtract line 22 from line 14 and enter the result here. This is the amount due; enter payment amount on page 1, line A.)	•	23		
24	Overpayment (If line 22 is more than line 14, subtract line 14 from line 22. This is your overpayment; enter the result here and see instructions.)	•	24	96.	
25	Amount of overpayment to be credited to next period (see instructions)	•	25	96.	
26	Balance of overpayment available (subtract line 25 from line 24; see instructions)	•	26		
27	Amount of overpayment to be credited to Form CT-3-M	•	27		
28	Balance of overpayment to be refunded (subtract line 27 from line 26; see instructions)	•	28		
29	Unused tax credits to be refunded (see instructions)	•	29		
30	Unused tax credits applied to next period	•	30		

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Part 3 – Computation of tax on business income base

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions)	1	76,942.
2	Additions to FTI (from Form CT-225, line 5)	2	696.
3	Add lines 1 and 2	3	77,638.
4	Subtractions from FTI (from Form CT-225, line 10)	4	12,025.
5	Subtract line 4 from line 3	5	65,613.
6	Subtraction modification for qualified banks (from Form CT-3.2, Schedule A, line 1; see instructions)	6	
7	Entire net income (ENI) (subtract line 6 from line 5)	7	65,613.
8	Investment and other exempt income (from Form CT-3.1, Schedule D, line 1)	8	
9	Subtract line 8 from line 7	9	65,613.
10	Excess interest deductions attributable to investment income, investment capital, and other exempt income (from Form CT-3.1, Schedule D, line 2)	10	
11	Business income (add lines 9 and 10)	11	65,613.
12	Addback of income previously reported as investment income (from Form CT-3.1, Schedule F, line 6; if zero, enter 0; see instructions)	12	
13	Business income after addback (add lines 11 and 12)	13	65,613.
14	Business apportionment factor (from Part 6, line 55)	14	100.0000
15	Apportioned business income after addback (multiply line 13 by line 14)	15	65,613.
16	Prior net operating loss conversion subtraction (from Form CT-3.3, Schedule C, line 4)	16	57,092.
17	Subtract line 16 from line 15	17	8,521.
18	NOL deduction (from Form CT-3.4, line 6)	18	
19	Business income base (subtract line 18 from line 17)	19	8,521.
20	Business income base tax (multiply line 19 by the appropriate business income tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1a; see instructions)	20	554.

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

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Part 4 – Computation of tax on capital base (see instructions)

		A Beginning of year	B End of year	C Average value
1	Total assets from federal return	339,927.	436,335.	388,131.
2	Real property and marketable securities included on line 1			
3	Subtract line 2 from line 1	339,927.	436,335.	388,131.
4	Real property and marketable securities at fair market value			
5	Adjusted total assets (add lines 3 and 4)	339,927.	436,335.	388,131.
6	Total liabilities	29,235.	8,696.	18,966.
7	Total net assets (subtract line 6, column C, from line 5, column C)			369,165.
8	Investment capital (from Part 5, line 19; if zero or less, enter 0)			
9	Business capital (subtract line 8 from line 7)			369,165.
10	Addback of capital previously reported as investment capital (from Part 5, line 20, column C; if zero or less, enter 0)			
11	Total business capital (add lines 9 and 10)			369,165.
12	Business apportionment factor (from Part 6, line 55)			1.0000
13	Apportioned business capital (multiply line 11 by line 12)			369,165.
14	New small business (if in first two tax years, mark an X in one box) Year one <input type="checkbox"/> Year two <input type="checkbox"/>			
15	Capital base tax (multiply line 13 by the appropriate capital base tax rate from the tax rates schedule in Form CT-3-I; enter here and on Part 2, line 1b)			554.

Part 5 – Computation of investment capital for the current tax year (see instructions)

	A Average fair market value as reported	B Liabilities attributable to column A amount	C Net average value (column A - column B)
16	Total capital that generates income claimed to not be apportionable to New York under the U.S. Constitution (from Form CT-3.1, Schedule E, line 1)		
17	Total of stocks actually held for more than one year (from Form CT-3.1, Schedule E, line 2)		
18	Total of stocks presumed held for more than one year (from Form CT-3.1, Schedule E, line 3)		
19	Total investment capital for the current year (Add column C lines 16, 17, and 18; enter the result here and on Part 4, line 8. If zero or less, enter 0.)		

Addback of capital previously reported as investment capital

	A Average fair market value as reported	B Liabilities attributable to column A amount	C Net average value (column A - column B)
20	Total of stocks previously presumed held for more than one year, but did not meet the holding period (from Form CT-3.1, Schedule F, line 1; enter here and on Part 4, line 10)		

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

	A - New York State	B - Everywhere
Section 210-A.2		
1 Sales of tangible personal property	1	
2 Sales of electricity	2	
3 Net gains from sales of real property	3	
Section 210-A.3		
4 Rentals of real and tangible personal property	4	
5 Royalties from patents, copyrights, trademarks, and similar intangible personal property	5	
6 Sales of rights for certain closed-circuit and cable TV transmissions of an event.	6	
Section 210-A.4		
7 Sale, licensing, or granting access to digital products	7	
Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)		
8 To make this irrevocable election, mark an X in the box (see instructions).		<input type="checkbox"/> 8 <input type="checkbox"/>
Section 210-A.5(a)(2) – Mark an X in each box that is applicable (see line 8 instructions)		
Section 210-A.5(a)(2)(A)		
9 Interest from loans secured by real property	9	
10 Net gains from sales of loans secured by real property.	10	
11 Interest from loans not secured by real property (QFI • <input type="checkbox"/>)	11	
12 Net gains from sales of loans not secured by real property (QFI • <input type="checkbox"/>)	12	
Section 210-A.5(a)(2)(B) (QFI • <input type="checkbox"/>)		
13 Interest from federal debt	13	
14 Net gains from federal debt	14	
15 Interest from NYS and its political subdivisions debt	15	
16 Net gains from NYS and its political subdivisions debt	16	
17 Interest from other states and their political subdivisions debt.	17	
18 Net gains from other states and their political subdivisions debt.	18	
Section 210-A.5(a)(2)(C) (QFI • <input type="checkbox"/>)		
19 Interest from asset-backed securities and other government agency debt	19	
20 Net gains from government agency debt or asset-backed securities sold through an exchange.	20	
21 Net gains from all other asset-backed securities	21	
Section 210-A.5(a)(2)(D) (QFI • <input type="checkbox"/>)		
22 Interest from corporate bonds	22	
23 Net gains from corporate bonds sold through broker/dealer or licensed exchange.	23	
24 Net gains from other corporate bonds.	24	
Section 210-A.5(a)(2)(E)		
25 Net interest from reverse repurchase and securities borrowing agreements	25	
Section 210-A.5(a)(2)(F)		
26 Net interest from federal funds	26	
Section 210-A.5(a)(2)(I) (QFI • <input type="checkbox"/>)		
27 Net income from sales of physical commodities	27	
Section 210-A.5(a)(2)(J) (QFI • <input type="checkbox"/>)		
28 Marked to market net gains	28	
Section 210-A.5(a)(2)(H) (QFI • <input type="checkbox"/>)		
29 Interest from other financial instruments	29	
30 Net gains and other income from other financial instruments	30	

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Part 6 – Computation of business apportionment factor *(continued)*

	A - New York State	B - Everywhere
Section 210-A.5(b)		
31 Brokerage commissions ● 31		
32 Margin interest earned on behalf of brokerage accounts. ● 32		
33 Fees for advisory services for underwriting or management of underwriting ● 33		
34 Receipts from primary spread of selling concessions. ● 34		
35 Receipts from account maintenance fees. ● 35		
36 Fees for management or advisory services ● 36		
37 Interest from an affiliated corporation. ● 37		
Section 210-A.5(c)		
38 Interest, fees, and penalties from credit cards ● 38		
39 Service charges and fees from credit cards. ● 39		
40 Receipts from merchant discounts ● 40		
41 Receipts from credit card authorizations and settlement processing. . . . ● 41		
42 Other credit card processing receipts. ● 42		
Section 210-A.5(d)		
43 Receipts from certain services to investment companies ● 43		
Section 210-A.6		
44 Receipts from railroad and trucking business. ● 44		
Section 210-A.6-a		
45 Receipts from the operation of vessels ● 45		
Section 210-A.7		
46 Receipts from air freight forwarding. ● 46		
47 Receipts from other aviation services ● 47		
Section 210-A.8		
48 Advertising in newspapers or periodicals. ● 48		
49 Advertising on television or radio ● 49		
50 Advertising via other means. ● 50		
Section 210-A.9		
51 Transportation or transmission of gas through pipes. ● 51		
Section 210-A.10		
52 Receipts from other services/activities not specified. ● 52		
Section 210-A.11		
53 Discretionary adjustments ● 53		
Total receipts		
54 Add lines 1 through 53 in columns A and B ● 54		

Calculation of business apportionment factor

55 New York State business apportionment factor *(divide line 54, column A by line 54, column B and enter the result here; round to the fourth decimal place)* ● 55 1.0000

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



Part 7 – Summary of tax credits claimed

1 Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law, Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box) 1 Yes No

Enter in the appropriate box below the amount of each tax credit **used** to reduce the tax due shown on Part 2, line 2, and attach the corresponding properly completed claim form. The amount of credit to enter is computed on each credit form and carried to this section.

CT-37		CT-604		DTF-621	
CT-40		CT-605		DTF-622	
CT-41		CT-606		DTF-624	
CT-43		CT-607		DTF-630	
CT-44		CT-611		Other credits ●	
CT-46		CT-611.1			
CT-47		CT-611.2			
CT-236		CT-612			
CT-238		CT-613			
CT-239		CT-631			
CT-241		CT-633			
CT-242		CT-634			
CT-243		CT-635			
CT-246		CT-636			
CT-248		CT-637			
CT-249		CT-638			
CT-250		CT-639			
CT-259		CT-640			
CT-261		CT-641			
CT-501		CT-642			
CT-502		CT-643			
CT-601		CT-644			
CT-602		CT-645			
CT-603		CT-646			

2 Total tax credits claimed above (enter here and on Part 2, line 3; attach appropriate form for each credit claimed) 2

3 Total tax credits claimed that are refund eligible (see instructions) 3

4a If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an X in the box 4a

4b If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an X in the box. 4b

4c If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an X in the box 4c





Prior Net Operating Loss Conversion (PNOLC) Subtraction

CT-3.3

Legal name of corporation OPEN SOURCE MATTERS, INC	Employer identification number (EIN) 76-0803008
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Attach to Form CT-3 or CT-3-A. All filers complete all schedules.

A If you are a small business corporation, mark an **X** in the box (see instructions) **A** **X**

B If you are making the 50% PNOLC subtraction election, mark an **X** in the box (see instructions) **B**

C CT-3-A filers: Enter the total number of members in the combined group in the current tax period (see instructions) **C**

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

Part 1 (see instructions)

1 Unabsorbed net operating loss (UNOL)	1	159,288.
2 Base year business allocation percentage (BAP)	2	100.0000
3 Base year tax rate	3	6.5000
4 Tax value of UNOL (multiply line 1 by line 2 by line 3)	4	10,354.
5 PNOLC subtraction pool (divide line 4 by 6.5% (.065))	5	159,288.

Part 2 (see instructions)

All filers: Complete all information each tax period.

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

A CT-3 filer or CT-3-A combined members			B Base year end date
	Name	EIN	
A	• OPEN SOURCE MATTERS, INC	• 76-0803008	• 12-31-14
B	•	•	•
C	•	•	•
D	•	•	•
E	•	•	•
F	•	•	•
G	•	•	•
H	•	•	•

	C Tax period count	D UNOL	E PNOLC subtraction pool	F PNOLC subtraction allotment %	G Tax period PNOLC subtraction allotment (column E x column F)	H Remaining PNOLC subtraction pool [column E - (column C x column G)]
A	• 1	• 159,288.	• 159,288.	• 100.	• 159,288.	•
B	•	•	•	•	•	•
C	•	•	•	•	•	•
D	•	•	•	•	•	•
E	•	•	•	•	•	•
F	•	•	•	•	•	•
G	•	•	•	•	•	•
H	•	•	•	•	•	•
Totals from attached sheet(s)						
1 Totals	• 1	• 159,288.	• 159,288.	•	• 159,288.	•



Schedule B – Overall limitation on PNOLC subtraction (see instructions)

1	Apportioned business income after addback for the current tax period (from Form CT-3 or CT-3-A, Part 3, line 15; if zero or less, enter 0 on line 5).	1	
2	Multiply line 1 by your appropriate business income base tax rate for the current tax period from the Tax rates schedule in Form CT-3-I or CT-3-A-I (round the result up to the next highest whole dollar; small business taxpayers see instructions).	2	
3	Greater of the capital base tax or the fixed dollar minimum tax for the current tax period (from Form CT-3 or CT-3-A, Part 2, line 1b or 1c).	3	
4	Subtract line 3 from line 2 (if zero or less, enter 0).	4	
5	Maximum amount of the PNOLC subtraction to be deducted in the current tax period (if line 4 is zero, enter 0; otherwise, divide line 4 by the same business income base tax rate used for line 2).	5	57,092.

Schedule C – Computation of PNOLC subtraction used and unused amount carried forward (see instructions)

1	Tax period PNOLC subtraction allotment (from Schedule A, Part 2, line 1, column G)	1	159,288.
2	Unused PNOLC subtraction carried forward from prior tax period (see instructions)	2	
2a	Amount included on line 2 that is a carryforward from entities using the 50% election; if none, enter 0	2a	
3	PNOLC subtraction available for use this tax period (add lines 1 and 2)	3	159,288.
3a	Amount included on line 3 from entities using the 50% election; if none, enter 0	3a	
4	PNOLC subtraction used in the current tax period (see instructions)	4	57,092.
4a	Amount included on line 4 from entities using the 50% election; if none, enter 0	4a	
5	Unused PNOLC subtraction to be carried forward (see instructions)	5	102,196.
5a	Amount included on line 5 from entities using the 50% election; if none, enter 0	5a	
6	Remaining PNOLC subtraction pool (from Schedule A, Part 2, line 1, column H)	6	
7	Unexhausted PNOLC subtraction (add lines 5 and 6)	7	102,196.

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

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Department of Taxation and Finance
New York State Modifications
 Tax Law - Articles 9-A, 22, and 33

CT-225

Legal name of corporation OPEN SOURCE MATTERS, INC	Employer identification number (EIN) 76-0803008
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File this form with Form CT-3, CT-3-S, or CT-33.

Complete all parts that apply to you. See Form CT-225-I, *Instructions for Form CT-225*.

Identify the return you are filing by marking an X in the box: CT-3 • CT-3-S • CT-33 •

Schedule A - Certain New York State additions to federal income

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

1 New York State additions (see instructions)

Modification number		Amount		Modification number		Amount		
1a	• A-505 •		696 00	1i	• A - •		00	
1b	• A - •		00	1j	• A - •		00	
1c	• A - •		00	1k	• A - •		00	
1d	• A - •		00	1l	• A - •		00	
1e	• A - •		00	1m	• A - •		00	
1f	• A - •		00	1n	• A - •		00	
1g	• A - •		00	1o	• A - •		00	
1h	• A - •		00	1p	• A - •		00	
Total from additional Form(s) CT-225, if any				00				
2 Total (add lines 1a through 1p and the total from additional Form(s) CT-225)								
							2	696 00

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

3 New York State additions (see instructions)

Modification number		Amount		Modification number		Amount		
3a	• EA - •		00	3i	• EA - •		00	
3b	• EA - •		00	3j	• EA - •		00	
3c	• EA - •		00	3k	• EA - •		00	
3d	• EA - •		00	3l	• EA - •		00	
3e	• EA - •		00	3m	• EA - •		00	
3f	• EA - •		00	3n	• EA - •		00	
3g	• EA - •		00	3o	• EA - •		00	
3h	• EA - •		00	3p	• EA - •		00	
Total from additional Form(s) CT-225, if any				00				
4 Total (add lines 3a through 3p and the total from additional Form(s) CT-225)								
							4	00
5 Total additions (add lines 2 and 4; see instructions)								
							5	696 00



Schedule B - Certain New York State subtractions from federal income

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

6 New York State subtractions (see instructions)

		Modification number	Amount			Modification number	Amount			
6a	•	S-501	12,025	00	6i	•	S-	00		
6b	•	S-		00	6j	•	S-	00		
6c	•	S-		00	6k	•	S-	00		
6d	•	S-		00	6l	•	S-	00		
6e	•	S-		00	6m	•	S-	00		
6f	•	S-		00	6n	•	S-	00		
6g	•	S-		00	6o	•	S-	00		
6h	•	S-		00	6p	•	S-	00		
Total from additional Form(s) CT-225, if any				00						
7 Total (add lines 6a through 6p and the total from additional Form(s) CT-225)								7	12,025	00

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

8 New York State subtractions (see instructions)

		Modification number	Amount			Modification number	Amount			
8a	•	ES-		00	8i	•	ES-	00		
8b	•	ES-		00	8j	•	ES-	00		
8c	•	ES-		00	8k	•	ES-	00		
8d	•	ES-		00	8l	•	ES-	00		
8e	•	ES-		00	8m	•	ES-	00		
8f	•	ES-		00	8n	•	ES-	00		
8g	•	ES-		00	8o	•	ES-	00		
8h	•	ES-		00	8p	•	ES-	00		
Total from additional Form(s) CT-225, if any				00						
9 Total (add lines 8a through 8p and the total from additional Form(s) CT-225)								9		00
10 Total subtractions (add lines 7 and 9; see instructions)								10	12,025	00





CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation **1.** OPEN SOURCE MATTERS, INC Payment enclosed **2.** 142.00

3 Return type **3.** CT3M

4 Employer ID number (EIN) **4.** 76-0803008

5 File number (FCC) **5.** AA9

6 Period beginning date (mm-dd-yy) **6.** 01-01-15

7 Period ending date (mm-dd-yy) **7.** 12-31-15

8 Amended (Y=1; N=0) **8.** 1

9 Address change (Y=1; N=0) **9.**

10 Final (Y=1; N=0) **10.**

11 NAICS code **11.**

12 MTA indicator (None=0; Y=1; N=2; Both=3) **12.**

13 Federal 1120-H filed (Y=1; N=0) **13.**

14 REIT/RIC indicator (Y=1; N=0) **14.**

15 Tax due/MTA surcharge **15.** 142.00

16 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000 **16.**

17a Return a Gift to Wildlife **17a.**

17b Breast Cancer Research and Education Fund **17b.**

17c Prostate and Testicular Cancer Research and Education Fund **17c.**

17d 9/11 Memorial **17d.**

17e Volunteer Firefighting & EMS Recruitment Fund **17e.**

17f Veterans Remembrance **17f.**

17g Women's Cancers Education and Prevention Fund **17g.**

18 Balance due **18.** 142.00

19 Amount of overpayment credited to next period - NYS **19.**

20 Refund of overpayment **20.**

21 Refund of unused tax credits **21.**

22 Tax credits to be credited as an overpayment to next year's return **22.**

23 Amount of overpayment credited to next period - MTA **23.**

24 Amount of MTA surcharge retaliatory tax credit to be refunded **24.**

25 Fixed dollar minimum **25.**

26 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN **26.** -

27 New York receipts **27.**

28 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)? **28.**

29 Paid preparer's EIN **29.** 26-4268100

30 Preparer's NYTPRIN **30.** 11419808

31 Excl. code **31.**

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For office use only



CT-3M

Department of Taxation and Finance

**General Business Corporation
MTA Surcharge Return**

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

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2015. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred (see Form CT-1).

Amended return **All filers must enter tax period:** beginning ending

Employer identification number (EIN) 76-0803008	File number AA9	Business telephone number 347-425-9397	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 01-01-05	
City NEW YORK	State NY	ZIP code 10163-4668	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 or CT-3-A. Before completing this return, see Form CT-3-M-I, *Instructions for Form CT-3-M*.

A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax		Payment enclosed
◀ Attach your payment here. Detach all check stubs. (See instructions for details.)	A	142.

Computation of MTA surcharge

1 New York State franchise tax (see instructions)	1	554.
2 MCTD apportionment percentage from line 82	2	100.0000 %
3 Apportionment franchise tax (multiply line 1 by line 2)	3	554.
4 MTA surcharge (multiply line 3 by 25.6% (.256))	4	142.

First installment of estimated tax for next period:

5a If you filed a request for extension, enter amount from Form CT-5, line 7, or CT-5.3, line 10	5a	
5b If you did not file Form CT-5 or CT-5.3, see instructions	5b	
6 Add lines 4 and 5a or 5b	6	142.
7 Total prepayments from line 91	7	
8 Balance (if line 7 is less than line 6, subtract line 7 from line 6)	8	142.
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 or CT-3-A)	10	
11 Late filing and late payment penalties (see instructions for Form CT-3 or CT-3-A)	11	
12 Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above)	12	142.
13 Overpayment (if line 6 is less than line 7, subtract line 6 from line 7; enter here and see instructions)	13	
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	
16 Amount of overpayment to be refunded (see instructions)	16	

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

Average value of property (see instructions)	A MCTD	B New York State
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 in columns A and B)	22	
23 MCTD property factor (divide line 22, column A, by line 22, column B)	23	%

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Receipts from: (see instructions for lines 24 through 76)		A MCTD	B New York State
Section 210-A.2			
24	Sales of tangible personal property	24	
25	Sales of electricity	25	
26	Net gains from sales of real property	26	
Section 210-A.3			
27	Rentals of real and tangible personal property	27	
28	Royalties from patents, copyrights, trademarks, and similar intangible personal property,	28	
29	Sales of rights for certain closed-circuit and cable TV transmissions of an event	29	
Section 210-A.4			
30	Sale, licensing, or granting access to digital products	30	
Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs)			
31	To make this irrevocable election, mark an X in the box (see Form CT-3-I or CT-3-A-I, line 8 instructions)		<input type="checkbox"/> 31 <input type="checkbox"/>
Section 210-A.5(a)(2) – Mark an X in each box that is applicable (see Form CT-3-I or CT-3-A-I line 8 instructions)			
Section 210-A.5(a)(2)(A)			
32	Interest from loans secured by real property	32	
33	Net gains from sales of loans secured by real property,	33	
34	Interest from loans not secured by real property (QFI <input type="checkbox"/>)	34	
35	Net gains from sales of loans not secured by real property (QFI <input type="checkbox"/>).	35	
Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/>)			
36	Interest from federal debt	36	
37	Net gains from federal debt	37	
38	Interest from NYS and its political subdivisions debt	38	
39	Net gains from NYS and its political subdivisions debt	39	
40	Interest from other states and their political subdivisions debt	40	
41	Net gains from other states and their political subdivisions debt	41	
Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/>)			
42	Interest from asset-backed securities and other government agency debt	42	
43	Net gains from government agency debt or asset-backed securities sold through an exchange	43	
44	Net gains from all other asset-backed securities	44	
Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/>)			
45	Interest from corporate bonds.	45	
46	Net gains from corporate bonds sold through broker/dealer or licensed exchange	46	
47	Net gains from other corporate bonds	47	
Section 210-A.5(a)(2)(E)			
48	Net interest from reverse repurchase and securities borrowing agreements	48	
Section 210-A.5(a)(2)(F)			
49	Net interest from federal funds	49	
Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/>)			
50	Net income from sales of physical commodities	50	
Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/>)			
51	Marked to market net gains	51	
Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/>)			
52	Interest from other financial instruments	52	
53	Net gains and other income from other financial instruments	53	

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Receipts from: <i>(continued)</i>		A MCTD	B New York State
Section 210-A.5(b)			
54	Brokerage commissions	54	
55	Margin interest earned on behalf of brokerage accounts	55	
56	Fees for advisory services for underwriting or management of underwriting	56	
57	Receipts from primary spread of selling concessions	57	
58	Receipts from account maintenance fees	58	
59	Fees for management or advisory services	59	
60	Interest from an affiliated corporation	60	
Section 210-A.5(c)			
61	Interest, fees, and penalties from credit cards	61	
62	Service charges and fees from credit cards	62	
63	Receipts from merchant discounts	63	
64	Receipts from credit card authorizations and settlement processing	64	
65	Other credit card processing receipts	65	
Section 210-A.5(d)			
66	Receipts from certain services to investment companies	66	
Section 210-A.6			
67	Receipts from railroad and trucking business	67	
Section 210-A.6-a			
68	Receipts from the operation of vessels	68	
Section 210-A.7			
69	Receipts from air freight forwarding	69	
70	Receipts from other aviation services	70	
Section 210-A.8			
71	Advertising in newspapers or periodicals	71	
72	Advertising on television or radio	72	
73	Advertising via other means	73	
Section 210-A.9			
74	Transportation or transmission of gas through pipes	74	
Section 210-A.10			
75	Receipts from other services/activities not specified	75	
Section 210-A.11			
76	Discretionary adjustments	76	
77	Total <i>(add lines 24 through 76 in columns A and B)</i>	77	
78	MCTD receipts factor <i>(divide line 77, column A, by line 77, column B)</i>		78 %

Payroll		A MCTD	B New York State
79	Wages and other compensation of employees except general executive officers	79	
80	MCTD payroll factor <i>(divide line 79, column A, by line 79, column B)</i>		80 %
81	Total MCTD factors <i>(add lines 23, 78, and 80)</i>		81 %
82	MCTD apportionment percentage <i>(Divide line 81 by three; if a factor is missing, see instructions. Enter here and on line 2.)</i>		82 100.0000%

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Composition of prepayments claimed on line 7 (see instructions)		Date paid	Amount
83	Mandatory first installment	83	
84	Second installment from Form CT-400	84	
85	Third installment from Form CT-400	85	
86	Fourth installment from Form CT-400	86	
87	Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	87	
88	Overpayment credited from prior years		88
89	Add lines 83 through 88		89
90	Overpayment credited from Form CT- <input type="text" value="Period"/>		90
91	Total prepayments (add lines 89 and 90; enter here and on line 7)		91

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

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

Authorized Person	Printed name of authorized person MIKE DEMOPOULOS	Signature of authorized person	Official title TREASURER
	E-mail address of authorized person		Telephone number Date
Paid preparer use only <i>(see instr.)</i>	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 NYTPRIN or Excl. code 11419808	Date

See instructions for where to file.

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