

**Electronic Return Acknowledgement**

**Tax Year :** 2016  
**Taxpayer:** OPEN SOURCE MATTERS OLD  
**ID No :** 76-0803008

**Return No:** 73285X

Return Identification Number : 12347220170735000069  
Return Type : 1120  
Filing Type Description : Federal Return  
Tax Period Beg. Date : 01/01/2016  
Tax Period End Date : 12/31/2016  
Contained Alerts : N  
IRS Received Date : 03/14/2017  
Completed Validation : Y  
Electronic Postmark : 3/14/2017 8:14:00 PM  
Return Status : Accepted  
Status Date : 03/14/2017  
Taxable Income (Loss) :  
Total Tax :  
Payment Indicator :  
Embedded CRC32 : 0xbd758283  
Computed CRC32 : 0xbd758283

Contained Alerts : (Y/N) Indicates whether the submission contains any alerts from IRS (Internal Revenue Service).  
If (Y) print Alert as per details listed on Step 8 - Sending Returns and Status.

Completed Validation: (Y/N) Indicates whether the submission went through all possible validation processing from IRS.  
If (N) print detail as per details listed on Step 8 - Sending Returns and Status.

Embedded CRC32 : "Hash" or "Check Sum" which counts each byte of electronic tax return data generated by TTA and includes this total in the transmission file sent to IRS by TTA.

Computed CRC32 : "Hash" or "Check Sum" which counts each byte of electronic tax return data received by IRS and includes this in the acknowledgement file sent by IRS to TTA.

Electronic Postmark : is the date and time (Central time Zone) the electronic file is received at our host computers.

<b>A Check if:</b> 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"/>	<b>TYPE OR PRINT</b>	Name OPEN SOURCE MATTERS OLD 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>B Employer identification number</b> 76-0803008 <b>C Date incorporated</b> 01/01/2005 <b>D Total assets (see instructions)</b> \$ 442,426.
<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 <input type="checkbox"/>			

<b>Income</b>	1a	Gross receipts or sales	435,143.	
	b	Returns and allowances		
	c	Balance. Subtract line 1b from line 1a		435,143.
	2	Cost of goods sold (attach Form 1125-A)		
	3	Gross profit. Subtract line 2 from line 1c		435,143.
	4	Dividends (Schedule C, line 19)		
	5	Interest		518.
	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		435,661.	
<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.	4,792.
	18	Interest		
	19	Charitable contributions		
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		1,851.
	21	Depletion		
	22	Advertising		8,642.
	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.	394,344.
	27	<b>Total deductions.</b> Add lines 12 through 26		409,629.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		26,032.
<b>Tax, Refundable Credits, and Payments</b>	29a	Net operating loss deduction (see instructions)	26,032.	Stmt 3
	b	Special deductions (Schedule C, line 20)		
	c	Add lines 29a and 29b		
30	<b>Taxable income.</b> 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)		20,000.	
33	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>			
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		20,000.	
36	Enter amount from line 35 you want: <b>Credited to 2017 estimated tax</b> <input checked="" type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		20,000.	

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 <b>MIKE DEMOPOULOS</b> Date <b>03/14/2017</b>	Title <b>TREASURER</b>	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 <b>03/14/2017</b>	Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P01403210</b>	Firm's EIN <b>26-4268100</b> Phone no. <b>347-425-9397</b>

<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 line 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 line 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)). See instructions		
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	<b>Total credits.</b> 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	<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

**Part II-Payments and Refundable Credits**

12	2015 overpayment credited to 2016	12	
13	2016 estimated tax payments	13	20,000.
14	2016 refund applied for on Form 4466	14	( )
15	Combine lines 12, 13, and 14	15	20,000.
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	<b>Total payments.</b> Add lines 15, 16, and 17.	18	20,000.
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	20,000.

**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. ▶ 511130		
b	Business activity ▶ WEB BASED SOFTWARE M		
c	Product or service ▶ SOFTWARE RESOURCES		
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 from page 3)

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.

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 \$ NONE

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 won't be valid.

12 Enter the available NOL carryover from prior tax years (don't reduce it by any deduction on line 29a.) \$ 82,346.

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 isn't 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 2016 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 15a. 'No' is checked.

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.

19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? . . . . .

Table with Yes/No columns for question 19. 'No' is checked.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .		434,749.		381,455.
2a Trade notes and accounts receivable . . . . .	1,400.			
b Less allowance for bad debts . . . . .	( )	1,400.	( )	
3 Inventories . . . . .				
4 U.S. government obligations . . . . .				
5 Tax-exempt securities (see instructions) . . . . .				
6 Other current assets (attach statement) . . . . .	Stmt 4			25,626.
7 Loans to shareholders . . . . .				
8 Mortgage and real estate loans . . . . .				
9 Other investments (attach statement) . . . . .				
10a Buildings and other depreciable assets . . . . .	7,422.		44,432.	
b Less accumulated depreciation . . . . .	( 7,236. )	186.	( 9,087. )	35,345.
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 . . . . .		436,335.		442,426.
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable . . . . .				755.
17 Mortgages, notes, bonds payable in less than 1 year . . . . .				
18 Other current liabilities (attach statement) . . . . .	Stmt 4	8,696.		8,000.
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 . . . . .		427,639.		433,671.
26 Adjustments to shareholders' equity (attach statement) . . . . .				
27 Less cost of treasury stock . . . . .		( )		( )
28 Total liabilities and shareholders' equity . . . . .		436,335.		442,426.

**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 . . . . .	6,032.	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): _____		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 . . . . . \$ _____		9 Add lines 7 and 8 . . . . .	
<u>See Statement 5</u> . . . . .	20,000.	10 Income (page 1, line 28) - line 6 less line 9	26,032.
6 Add lines 1 through 5 . . . . .	26,032.		

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

1 Balance at beginning of year . . . . .	427,639.	5 Distributions: a Cash . . . . .	
2 Net income (loss) per books . . . . .	6,032.	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 . . . . .	433,671.	8 Balance at end of year (line 4 less line 7)	433,671.

Form **8050**

(November 2016)  
Department of the Treasury  
Internal Revenue Service

**Direct Deposit of Corporate Tax Refund**

▶ Attach to Form 1120 or 1120S.

OMB No. 1545-0123

▶ Information about Form 8050 and its instructions is at [www.irs.gov/form8050](http://www.irs.gov/form8050).

Name of corporation (as shown on tax return) <b>OPEN SOURCE MATTERS OLD</b>	Employer identification number <b>76-0803008</b>
	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 (that is, 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 burden for business taxpayers filing this form is approved under OMB control number 1545-0123 and is included in the estimates shown in the instructions for their business income tax return.

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**

**ABC Corporation**  
123 Main Street  
Anyplace, NJ 07000

1234  
15-0000/0000

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

Routing number (line 1)     
 Account number (line 2)

**ANYTOWN BANK**  
Anytown, MD 20000

For \_\_\_\_\_

Do not include the check number.

I : 250250025 | : 202020 " ' 86 " : 1234

**Note.** The routing and account numbers may be in different places on the corporation's check.

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No. **179**

Name(s) shown on return

Identifying number

OPEN SOURCE MATTERS OLD

76-0803008

Business or activity to which this form relates

General Depreciation and Amortization

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		37,010.	5.000	MQ	200 DB	1,851.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	1,851.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

**Section B - Information on Use of Vehicles**

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2016 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2016 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>





Form 1120, Page 1 Detail

Line 17 - Taxes and licenses

-----  
NY STATE TAXES

4,792.

Total

-----  
4,792.  
=====

Form 1120, Page 1 Detail

Line 26 - Summary of Travel, Meals and Entertainment

-----	
CONFERENCES, SEMINARS, SUMMITS AND EVENTS	60,935.
	-----
Total	60,935.
	=====

Line 26 - Other deductions

-----	
Travel, meals and entertainment	60,935.
BANK CHARGES	5,412.
LEGAL	70,891.
ACCOUNTING	21,525.
CONFERENCES AND SEMINARS- JOOMLA DAY EVENTS	225,409.
POSTAGE AND DELIVERY	1,499.
PRINTING AND REPRODUCTION	2,851.
CODING AND DEVELOPMENT	3,501.
OFFICE EXPENSE	2,221.
LICENSES AND FILING	100.
	-----
Total	394,344.
	=====

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.	82,346.	26,032.		56,314.
<b>Total</b>	<b>169,567.</b>	<b>82,346.</b>	<b>26,032.</b>		<b>56,314.</b>

Form 1120, Page 5 Detail

Sch L, Line 6 - Other current assets	Beginning	Ending
----- PREPAID EXPENSES	-----	----- 25,626.
Total	-----	----- 25,626.
	=====	=====

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

Form 1120, Page 5 Detail

=====

Sch M-1, Line 5 - Expenses recorded on books not deducted on return

-----

FEDERAL ESTIMATED TAXES PAID	20,000.
	-----
Total	20,000.
	=====



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, 2016. 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) <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 OLD</b>		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 <b>PO BOX 4668 #88354</b>		Date of incorporation <b>01-01-05</b>	Foreign corporations: date began business in NYS
City <b>NEW YORK</b>	State <b>NY</b>	ZIP code <b>10163-4668</b>	Country (if not United States) For office use only
Principal business activity in NYS <b>WEB BASED SOFTWARE M</b>		NAICS business code number (from NYS Pub 910) <b>511130</b>	
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**

<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 <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.

<b>Authorized person</b>	Printed name of authorized person <b>MIKE DEMOPOULOS</b>	Signature of authorized person	Official title <b>TREASURER</b>
	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 or <b>11419808</b>	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 capital base tax exception . . . . .  6  
If you marked this box, complete line 6a; also mark the box at line 6b or 6c, if 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
- 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: Failure to meet investment capital holding period •   
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**

1a	Business income base tax (from Part 3, line 20)	•	1a	538.	
1b	Capital base tax (from Part 4, line 15; see instructions)	•	1b	538.	
1c	Fixed dollar minimum tax (see instr) • <input type="text" value="New York receipts"/> 435,143.	•	1c	175.	
2	Tax due (enter the amount from line 1a, 1b, or 1c, whichever is largest; see instructions)	•	2	538.	
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	538.	
5					
6	<b>Mandatory first installment (MFI) removed; see instructions</b>				
7					

**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 4, 11, and 13	•	14	538.	
----	-------------------------	---	----	------	--

**Prepayments**

15	Mandatory first installment	•	15		
16	Second installment (from Form CT-400)	•	16		
17	Third installment (from Form CT-400)	•	17	4,000.	
18	Fourth installment (from Form CT-400)	•	18		
19	Payment with extension request (from Form CT-5, line 5)	•	19		
20	Overpayment credited from prior years <input type="text" value="Period"/>	•	20	96.	
21	Overpayment credited from CT-3-M <input type="text" value="Period"/>	•	21		
22	Total prepayments (add lines 15 through 21; see instructions)	•	22	4,096.	

**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 <b>payment amount</b> 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	3,558.	
25	Amount of overpayment to be credited to next period (see instructions)	•	25	1,607.	
26	Balance of overpayment available (subtract line 25 from line 24; see instructions)	•	26	1,951.	
27	Amount of overpayment to be credited to Form CT-3-M	•	27	3,558.	
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	26,032.
2	Additions to FTI (from Form CT-225, line 5)	2	4,792.
3	Add lines 1 and 2	3	30,824.
4	Subtractions from FTI (from Form CT-225, line 10)	4	
5	Subtract line 4 from line 3	5	30,824.
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	30,824.
8	Investment and other exempt income (from Form CT-3.1, Schedule D, line 1)	8	
9	Subtract line 8 from line 7	9	30,824.
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	30,824.
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	30,824.
14	Business apportionment factor (from Part 6, line 55)	14	1.0000
15	Apportioned business income after addback (multiply line 13 by line 14)	15	30,824.
16	Prior net operating loss conversion subtraction (from Form CT-3.3, Schedule C, line 4)	16	22,554.
17	Subtract line 16 from line 15	17	8,270.
18	NOL deduction (from Form CT-3.4, line 6)	18	
19	Business income base (subtract line 18 from line 17)	19	8,270.
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	538.

**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 . . . . .	436,335.	442,426.	439,381.
2	Real property and marketable securities included on line 1 . . . . .			
3	Subtract line 2 from line 1 . . . . .	436,335.	442,426.	439,381.
4	Real property and marketable securities at fair market value . . . . .			
5	Adjusted total assets (add lines 3 and 4) . . . . .	436,335.	442,426.	439,381.
6	Total liabilities . . . . .	8,696.	8,755.	8,726.
7	Total net assets (subtract line 6, column C, from line 5, column C) . . . . .			430,655.
8	Investment capital (from Part 5, line 19; if zero or less, enter 0) . . . . .			
9	Business capital (subtract line 8 from line 7) . . . . .			430,655.
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) . . . . .			430,655.
12	Business apportionment factor (from Part 6, line 55) . . . . .			1.0000
13	Apportioned business capital (multiply line 11 by line 12) . . . . .			430,655.
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) . . . . .			538.

**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 taxable by New York under the U.S. Constitution (from Form CT-3.1, Schedule E, line 1) . . . . .		
17	Total of stocks <b>actually</b> held for more than one year (from Form CT-3.1, Schedule E, line 2) . . . . .		
18	Total of stocks <b>presumed</b> 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 previously reported	B Liabilities attributable to column A amount as previously reported	C Net average value as previously reported (column A - column B)
20	Total of stocks previously presumed held for more than one year, but did <b>not</b> 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)

Mark an **X** in this box only if you have **no receipts** required to be included in the denominator of the apportionment factor (see instr.) •

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

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

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

**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; if 100% in New York State, enter as 1.0000)*. . . . . ● 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  X

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

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 <b>OPEN SOURCE MATTERS INC</b>	Employer identification number (EIN) <b>76-0803008</b>
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Attach to Form CT-3 or CT-3-A. **All** filers complete **all** schedules.

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

## Schedule A - PNOLC subtraction pool detail and tax period allotment (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			
I			
J			

	C Tax period count	D Unabsorbed net operating loss (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	2	102,196.	102,196.	100.		
B						
C						
D						
E						
F						
G						
H						
I						
J						
Totals from attached sheet(s)						
1 Totals	1	102,196.	102,196.			



**Schedule B – Overall limitation on PNOLC subtraction** *(All filers must complete Schedule B)*

1	Apportioned business income after addback for the current tax period <i>(from Form CT-3 or CT-3-A, Part 3, line 15; if zero or less, enter 0 on line 5)</i> . . . . .	•	1	
2	Multiply line 1 by your appropriate <i>business income base</i> tax rate for the current tax period from the <i>Tax rates schedule</i> table 1, 2, 3, or 4 in Form CT-3-I or CT-3-A-I <i>(round the result up to the next highest whole dollar)</i> . . . . .	•	2	
3	Greater of the capital base tax or the fixed dollar minimum tax for the current tax period <i>(from Form CT-3 or CT-3-A, Part 2, line 1b or 1c)</i> . . . . .	•	3	
4	Subtract line 3 from line 2 <i>(if zero or less, enter 0)</i> . . . . .	•	4	
5	Maximum amount of the PNOLC subtraction to be deducted in the current tax period <i>(if line 4 is zero, enter 0; otherwise, divide line 4 by the same tax rate used for line 2)</i> . . . . .	•	5	22,554.

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

1	Tax period PNOLC subtraction allotment <i>(from Schedule A, line 1, column G)</i> . . . . .	•	1	
2	Unused PNOLC subtraction carried forward from prior tax period <i>(see instructions)</i> . . . . .	•	2	102,196.
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 <i>(add lines 1 and 2)</i> . . . . .	•	3	102,196.
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 <i>(see instructions)</i> . . . . .	•	4	22,554.
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 <i>(see instructions)</i> . . . . .	•	5	79,642.
5a	Amount included on line 5 from entities using the 50% election; if none, enter 0 . . . . .	•	5a	
6	Remaining PNOLC subtraction pool <i>(from Schedule A, line 1, column H)</i> . . . . .	•	6	
7	Unexhausted PNOLC subtraction <i>(add lines 5 and 6)</i> . . . . .	•	7	79,642.

**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 •		4,792 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	4,792 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	4,792 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				
6a	•	S -	•				00	
6b	•	S -	•				00	
6c	•	S -	•				00	
6d	•	S -	•				00	
6e	•	S -	•				00	
6f	•	S -	•				00	
6g	•	S -	•				00	
6h	•	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	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				
8a	•	ES -	•				00	
8b	•	ES -	•				00	
8c	•	ES -	•				00	
8d	•	ES -	•				00	
8e	•	ES -	•				00	
8f	•	ES -	•				00	
8g	•	ES -	•				00	
8h	•	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	00





# CT-3-M

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, 2016. 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.

Amended return <input checked="" type="checkbox"/>		All filers must enter tax period: beginning		01-01-16	ending	12-31-16
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		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*.

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

### Computation of MTA surcharge

1 New York State franchise tax (see instructions) . . . . .	1	538.
2 MCTD apportionment percentage from line 82 . . . . .	2	100.0000 %
3 Apportionment franchise tax (multiply line 1 by line 2) . . . . .	3	538.
4 MTA surcharge (multiply line 3 by 28% (.28)) . . . . .	4	151.

5a **Mandatory first installment (MFI) removed; see instructions**

5b

6

7 Total prepayments from line 91 . . . . .	7	3,558.
8 Balance (if line 7 is less than line 4, subtract line 7 from line 4) . . . . .	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 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	
13 Overpayment (if line 4 is less than line 7, subtract line 4 from line 7; enter here and see instructions) . . . . .	13	3,407.
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	3,407.
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
<b>Section 210-A.2</b>			
24	Sales of tangible personal property . . . . .	24	
25	Sales of electricity . . . . .	25	
26	Net gains from sales of real property . . . . .	26	
<b>Section 210-A.3</b>			
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	
<b>Section 210-A.4</b>			
30	Sale, licensing, or granting access to digital products . . . . .	30	
<b>Section 210-A.5(a)(1) - Fixed percentage method for qualified financial instruments (QFIs)</b>			
31	If this irrevocable election was made on Form CT-3 or CT-3-A, mark an <b>X</b> in the box (see Form CT-3-I or CT-3-A-I, line 8 instructions) . . .		<input type="checkbox"/> 31 <input type="checkbox"/>
<b>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)</b>			
<b>Section 210-A.5(a)(2)(A)</b>			
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 <b>not</b> secured by real property (QFI <input type="checkbox"/> ) . . . . .	34	
35	Net gains from sales of loans <b>not</b> secured by real property (QFI <input type="checkbox"/> ) . . . . .	35	
<b>Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/> )</b>			
36	Interest from federal debt . . . . .	36	
37			
38	Interest from NYS and its political subdivisions debt . . . . .	38	
39	Net gains from federal, NYS, and NYS 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	
<b>Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/> )</b>			
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	
<b>Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/> )</b>			
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	
<b>Section 210-A.5(a)(2)(E)</b>			
48	Net interest from reverse repurchase and securities borrowing agreements . . . . .	48	
<b>Section 210-A.5(a)(2)(F)</b>			
49	Net interest from federal funds . . . . .	49	
<b>Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/> )</b>			
50	Net income from sales of physical commodities . . . . .	50	
<b>Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/> )</b>			
51	Marked to market net gains . . . . .	51	
<b>Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/> )</b>			
<b>210-A.5(a)(2)(G) (QFI <input type="checkbox"/> )</b>			
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
<b>Section 210-A.5(b)</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	
<b>Section 210-A.5(c)</b>			
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	
<b>Section 210-A.5(d)</b>			
66	Receipts from certain services to investment companies . . . . .	66	
<b>Section 210-A.6</b>			
67	Receipts from railroad and trucking business . . . . .	67	
<b>Section 210-A.6-a</b>			
68	Receipts from the operation of vessels . . . . .	68	
<b>Section 210-A.7</b>			
69	Receipts from air freight forwarding . . . . .	69	
70	Receipts from other aviation services . . . . .	70	
<b>Section 210-A.8</b>			
71	Advertising in newspapers or periodicals . . . . .	71	
72	Advertising on television or radio . . . . .	72	
73	Advertising via other means . . . . .	73	
<b>Section 210-A.9</b>			
74	Transportation or transmission of gas through pipes . . . . .	74	
<b>Section 210-A.10</b>			
75	Receipts from other services/activities not specified . . . . .	75	
<b>Section 210-A.11</b>			
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- 3 <input type="text" value="Period"/> . . . . .	90	3,558.
91	Total prepayments (add lines 89 and 90; enter here and on line 7)	91	3,558.

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.

