Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

6

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

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

| | | ne 2011 calendar year, or tax year begin | nnay have to use a copy of this retuining , 201 | 1, and end | | | , 2 | ispecti 0 | on | | | | |
|---------------|----------------|--|--|-------------------------------------|------------|--|---------------------|--------------|--------------|--|--|--|--|
| | | C Name of organization | | , | | D Employer ide | , | | | | | | |
| B Check if ap | | OPEN SOURCE MATTERS, | INC. | | | 76-0803 | 008 | | | | | | |
| | | ess Doing Buoingon Ag | | | | | | | | | | | |
| | | Number and street (or P.O. box if mail is | ! | E Telephone number | | | | | | | | | |
| | - | I return PO BOX 4668 # 88354 | | | | () | - | | | | | | |
| | Term | City or town, state or country, and ZIP + 4 | 1 | | | | | | | | | | |
| Amer retur | | | 68 | | | G Gross receipts | \$ | 331 | ,709. | | | | |
| | | cation F Name and address of principal officer: | | H(a) Is this a group affiliates? | return for | Yes | X No | | | | | | |
| | | PO BOX 4668 #88354 NE | W YORK, NY 10163-4668 | | | H(b) Are all affiliate | s included? | Yes | No No | | | | |
| I | Tax-ex | xempt status: 501(c)(3) 501(c) (|) 		 (insert no.) 		 4947(a)(1) |) or 5 | 27 | If "No," attach | a list. (see instru | ctions) | | | | | |
| J | Webs | ite: 🕨 WWW.JOOMLA.ORG | | | | H(c) Group exempt | ion number 🕨 | | | | | | |
| κ | Form | of organization: X Corporation Trust | Association Other ► | L Year | of formati | on: 2005 M S | itate of legal de | omicile: | NY | | | | |
| Pa | art I | Summary | | | | | | | | | | | |
| | 1 | Briefly describe the organization's mission o | | | | | | | | | | | |
| đ | | OPEN SOURCE WEB BASED CONTENT MANAGEMENT SYSTEM(JOOMLA), WHICH IS FREE. | | | | | | | | | | | |
| anc | | | | | | | | | | | | | |
| ernä | | | | | | | | | | | | | |
| Governance | 2 | Check this box ▶ if the organization d | iscontinued its operations or dispos | sed of more t | han 25% | of its net assets. | | | | | | | |
| ∞ ∞ | 3 | Number of voting members of the governing | body (Part VI, line 1a) | | | | 3 | | | | | | |
| Activities & | 4 | Number of independent voting members of t | the governing body (Part VI, line 1b) | | | | 4 | | | | | | |
| | 5 | Total number of individuals employed in cale | endar year 2011 (Part V, line 2a) | | | | 5 | | (| | | | |
| | 6 | Total number of volunteers (estimate if neces | sary) | | | | 6 | | | | | | |
| | 7a | Total unrelated business revenue from Part V | III, column (C), line 12 | | | | 7a | 253 | ,224. | | | | |
| | b | Net unrelated business taxable income from | Form 990-T, line 34 | | <u></u> | <u></u> ; | 7b | | (| | | | |
| | | | | Prior Year 9,25 | | rent Ye | er | | | | | | |
| e | 8 | Contributions and grants (Part VIII, line 1h) | ontributions and grants (Part VIII, line 1h) | | | | | | | | | | |
| enu | 9 | Program service revenue (Part VIII, line 2g) | | | | 294,963 | 3. | 330 | ,137. | | | | |
| Revenue | 10 | | vestment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | | | |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, | her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must | | | | 312,21 | 5. | 323 | ,075. | | | | |
| | 13 | Grants and similar amounts paid (Part IX, col | | | | | 0 | | (| | | | |
| | 14 | Benefits paid to or for members (Part IX, colu | | | | | 0 | | (| | | | |
| es | 15 | Salaries, other compensation, employee ben | | | | | 0 | | (| | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column | | | | | 0 | | (| | | | |
| - Xi | b | Total fundraising expenses (Part IX, column (| | 0 | | | | | | | | | |
| _ | 17 | Other expenses (Part IX, column (A), lines 11 | - | 234,000 | | | ,675. | | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal | | 234,000 | | | | | | | | | |
| - 0 | 19 | Revenue less expenses. Subtract line 18 from | n line 12 | <u></u> | | 78,209 | | | ,400. | | | | |
| ts o | 20 21 22 | | | | | ning of Current Ye | | End of Year | | | | | |
| sse | 20 | Total assets (Part X, line 16) | | | • | 112,422 | | 263,223 | | | | | |
| et A Ind E | 21 | Total liabilities (Part X, line 26) | | | - | 17,470 | | | <u>,871.</u> | | | | |
| Ž, | 22 | Net assets or fund balances. Subtract line 21 | from line 20 | | | 94,952 | 2. | 231 | ,352. | | | | |
| _ | art II | Signature Block | | | | | | aliaf 14 1 | | | | | |
| col | rrect, a | nalties of perjury, I declare that I have examined this in nd complete. Declaration of preparer (other than offic | cer) is based on all information of which p | oreparer has a | ny knowle | dge. | owledge and b | ener, it i | s true, | | | | |
| | | | | | | | | | | | | | |
| Sig | n | Signature of officer | Signature of officer | | | | | | | | | | |
| He | | | | | | Date | | | | | | | |
| | | Type or print name and title | | | | | | | | | | | |
| | | Print/Type preparer's name | Preparer's signature | Date | | | PTIN | | | | | | |
| Pai | d | | | Build | | Check X self-employed | | 1022 | 10 | | | | |
| Pre | parer | DANIELLE HLATKY | | | 1 | | | 4032 | <u> </u> | | | | |
| Use | e Only | Firm's name PIPIA COHEN HLAT | | | | Firm's EIN ► 2 | | | | | | | |
| Max | , tha l | Firm's address > 195 KOSCIUSZKO S RS discuss this return with the preparer show | | | | Phone no. 347-425-9397 X Yes | | | | | | | |
| _ | | rwork Reduction Act Notice, see the separat | | | <u></u> | | | | No (2011) | | | | |
| JSA | • | work Neudelion Act Notice, see the separat | | | | | FO | 590 | (2011) | | | | |

| e the organization's missior INT 1 | i. | | |
|--|---|---|--|
| | | | |
| | | | |
|) or 990-EZ? | ficant program services during the ye chedule O. | | Yes X |
| nization cease conducting | , or make significant changes in h | | Yes X |
| organization's program se ction 501(c)(3) and 501(c | rvice accomplishments for each of i)(4) organizations and section 4947 | (a)(1) trusts are required to repo | |
| | | |) |
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| | | | |
| | | | |
| | | | |
|) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | |
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| | | | |
| | | | |
| | | | |
|) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | |
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| | | | |
| | | | |
| | | 2\$) | |
| | be these new services on S hization cease conducting be these changes on Schec organization's program section 501(c)(3) and 501(c) cations to others, the total) (Expenses \$ | be these new services on Schedule O. nization cease conducting, or make significant changes in the bethese changes on Schedule O. organization's program service accomplishments for each of in- totion 501(c)(3) and 501(c)(4) organizations and section 4947/ cations to others, the total expenses, and revenue, if any, for each | be these new services on Schedule O. inzation cease conducting, or make significant changes in how it conducts, any program to an schedule O. organization's program service accomplishments for each of its three largest program services to solve the section 4947(a)(1) trusts are required to repo cations to others, the total expenses, and revenue, if any, for each program service reported. () (Expenses \$ |

| - | 90 (2011) | | | Page 3 |
|------|---|-----|-----|--------|
| Part | IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | 37 |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | 37 |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | | | |
| | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | v |
| | complete Schedule D, Part N | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | 10 | | x |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | |
| а | | 11a | Х | |
| Ь | Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | 114 | | |
| b | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| ~ | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | 110 | | |
| C | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| Ь | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| ۵ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | | | |
| | complete Schedule D, Parts XI, XII, and XIII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | | |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form 990 (2011)

JSA

| | 990 (2011) | | | Page 4 |
|------|--|-----|-----|----------|
| Par | t IV Checklist of Required Schedules (continued) | | 1 | |
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | | | |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | x |
| | | 25 | | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | | | | 1 |
| D D | | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | 256 | | v |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| - | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| U | | 28b | | x |
| | Schedule L, Part IV | 200 | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| •- | complete Schedule N, Part II. | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 33 | | 2.2 | | x |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | | |
| | IV, and V, line 1 | 34 | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | <u> </u> |
| 57 | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | 27 | | v |
| - · | Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | | Х |

Form 990 (2011)

Page 5

| Par | | | | |
|----------------|---|----------|-----|--------|
| | Check if Schedule O contains a response to any question in this Part V | <u></u> | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 162 | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Х | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | 4a | | х |
| h | account)? If "Yes," enter the name of the foreign country: ► | τα | | |
| , N | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 70 | | |
| h | and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| U | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | L |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | | Х |
| | Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? | 9a 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter: | 50 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | . | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| L. | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| a | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| JSA 040 1.0 | | Form | 990 | (2011) |

| Form 9 | 90 (2011) OPEN SOURCE MATTERS, INC. 76-0803 | <u>300</u> 8 | | Page 6 |
|--------|--|--------------|--------|---------|
| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions. | es in | | |
| | Check if Schedule O contains a response to any question in this Part VI | | • • | X |
| Sect | ion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year. If there are 1a | - | | |
| | material differences in voting rights among members of the governing body, or if the governing body | | | |
| | delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent [1b] | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | 37 |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X X |
| 6 | Did the organization have members or stockholders? | 6 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 7. | | x |
| | one or more members of the governing body? | 7a | | <u></u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 7b | | х |
| 0 | stockholders, or persons other than the governing body? | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the user by the following: | | | |
| • | the year by the following: The governing body? | 8a | | х |
| a b | Each committee with authority to act on behalf of the governing body? | 8b | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| Ū | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | .) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | Х |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | Х |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | | 37 |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 450 | | |
| a | The organization's CEO, Executive Director, or top management official | 15a 15b | | |
| b | Other officers or key employees of the organization . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) | 150 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| Tua | with a taxable entity during the year? | 16a | | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | lou | | |
| D | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | ion C. Disclosure | | | · |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 | | | nly) |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of | f inter | rest p | olicy, |
| | and financial statements available to the public during the tax year. | | | |

| | | | | possesses the books and records of the |
|-----|-----------------------------------|-------------------|-----------------------|--|
| | organization: PIPIA COHEN HLATKY | LLC 195 KOSCIUSZK | ST BROOKLYN, NY 11216 | 347-425-9397 |
| JSA | | | | F |

76-0803008 Page **7**

| Part VII | Compensation of Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|----------|---------------------------|------------|-----------|-----|------------|---------|-------------|------------|-----|
| | Independent Contractors | | | - | | • | | | |
| | | | | | | | | - | |

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|-----------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | | organization and related organizations |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

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| Part VII Section A. Officers, Directors, Tru | istees, Ke | y Em | plo | | | and H | ligi | | ed Employees | (continued) |
|--|--|-----------------------------------|---|---------|--------------|---|--------|---------------------------------|----------------|--|
| (A) Name and title | week box, u (describe officer | | Average hours per week Position Reportable compensation Reportable compensation box, unless person is both an (describe box, unless person is both an officer and a director/trustee) from related organizations | | | Reportable Reportable compensation compensation from related the organization | | other compensation | | |
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC | organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | ► | C | | 0 |
| c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) | ection A | | | | | | | C C | | 0 |
| 2 Total number of individuals (including but not reportable compensation from the organization | limited to t | | liste | | | | o re | ceived more than | \$100,000 of | · |
| 3 Did the organization list any former offic | er directo | or or | trı | iste | e | kev e | mn | lovee or highes | t compensated | Yes No |
| employee on line 1a? If "Yes," complete Schedu | ule J for su | ch ind | ivid | ual | •• | | •• | | | 3 X |
| 4 For any individual listed on line 1a, is the sorganization and related organizations graindividual. | eater than | \$15 | 60,0 | 00? | p If | "Yes | ;" | | | 4 X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue co | mpen | sati | on f | fron | n any | un | | | 5 X |
| Section B. Independent Contractors | | | | | | | | | <u></u> | |
| Complete this table for your five highest com compensation from the organization. Report c year. | | | | | | | | | | |
| (A) Name and business add | ress | | | | | | | (B) Description of se | ervices | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (ir | oludina h | it not | lin | nite | d to | thos | | isted above) whe | received | |

more than \$100,000 in compensation from the organization **>** 0

Form 990 (2011)

| Par | t VII | Statement of Revenue | | | | | |
|--|-----------------------------|---|---------------------------|-----------------------------|--|---|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f | | | | | |
| ontr od O | g | and similar amounts not included above | | | | | |
| | h | Total. Add lines 1a-1f . ATTACHMENT | | 0 | | | |
| Program Service Revenue | | | Business Code | | | | |
| Seve | 2a | PUBLISHING ROYALTIES | 511130 | 10,998. | 10,998. | | |
| ce | b | ADVERTISING INCOME | 541800 | 253,158. | | 253,158. | |
| ervi | c | SPONSORSHIP | 541610 541610 | 9,393. | 9,393. | | |
| m S | d | CONFERENCE REGISTRATION INDIVIDUAL DONORS | 541610 | 2,743. | 2,743. | | |
| gra | e f | All other program service revenue | 541610 | 53,845. | 53,845. | | |
| Pro | g | Total. Add lines 2a-2f | | 330,137. | | | |
| | 3 4 | Investment income (including dividends, inter other similar amounts) ATTACHMENT Income from investment of tax-exempt bond p | ² ▶ | 66. | | 66. | |
| | 5 | Royalties | | 0 | | | |
| | Ũ | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | с | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | 0 | | | |
| | 7a | Gross amount from sales of assets other than inventory | (ii) Other | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | c d | Gain or (loss) | | 0 | | | |
| e | | Gross income from fundraising | | | | | |
| Other Revenue | | events (not including \$ of contributions reported on line 1c). | | | | | |
| Å | | See Part IV, line 18 | | | | | |
| her | b | Less: direct expenses b | | | | | |
| ofl | С | Net income or (loss) from fundraising events | · · · · · · · • ► | 0 | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | С | Net income or (loss) from gaming activities | · · · · · · · · ▶ | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| | b | Less: cost of goods sold b | | | | | |
| | C | Net income or (loss) from sales of inventory. | ATCH 3 ► Business Code | -7,128. | | | |
| | 14- | | | | | | |
| | 11a b | | | | | | |
| | с С | | | | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | | 0 | | | |
| | 12 | Total revenue. See instructions | | 323,075. | 76,979. | 253,224. | |

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| _ | Check if Schedule O contains a respo | | | | |
|---|--|-----------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. | 0 | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include section | | | | |
| | 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 0 | Payroll taxes | 0 | | | |
| 1 | Fees for services (non-employees): | | | | |
| а | Management | 0 | | | |
| b | Legal | 12,195. | | 12,195. | |
| С | Accounting | 21,795. | | 21,795. | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 0 | | | |
| 2 | Advertising and promotion | 0 | | | |
| 3 | Office expenses | 1,000. | | 1,000. | |
| 4 | Information technology | 0 | | | |
| 5 | Royalties | 0 | | | |
| 6 | Occupancy | 0 | | | |
| 7 | Travel | 47,304. | 47,304. | | |
| 3 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 9 | Conferences, conventions, and meetings | 4,010. | 4,010. | | |
| D | Interest | 0 | | | |
| 1 | Payments to affiliates | 0 | | | |
| 2 | Depreciation, depletion, and amortization | 812. | 812. | | |
| 3 | Insurance ATCH 6 | 1,100. | | 1,100. | |
| 4 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | TAXES-FED,NYS & NYC | 33,742. | | 33,742. | |
| | BANK SERVICE CHARGES | 690. | | 690. | |
| - | HOSTING EXPENSE | 2,225. | 2,225. | | |
| | CONSULTING | 8,542. | 8,542. | | |
| | All other expenses _ ATTACHMENT_4 | 53,260. | <u> </u> | 53,260. | |
| | Total functional expenses. Add lines 1 through 24eJoint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | 186,675. | 62,893. | 123,782. | |
| | fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720) | 0 | | | |

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| OPEN SOURCE MATTERS, INC. | | 76 | | | |
|---|---------------------------------|----|--|--|--|
| 2011) | | | | | |
| Balance Sheet | | | | | |
| | (A) Beginning of year | | | | |
| Cash - non-interest-bearing | 97,741. | 1 | | | |
| Savings and temporary cash investments | 4,338. | 2 | | | |
| Pledges and grants receivable, net | 0 | 3 | | | |
| Accounts receivable, net | 0 | 4 | | | |
| Receivables from current and former officers, directors, trustees, key | | | | | |
| employees, and highest compensated employees. Complete Part II of | | | | | |
| Schedule L | 0 | 5 | | | |
| Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | | | |
| employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | 0 | 6 | | | |
| Notes and loans receivable, net | 0 | 7 | | | |
| Inventories for sale or use | 8,634. | 8 | | | |
| Prepaid expenses and deferred charges | 0 | 9 | | | |
| Land, buildings, and equipment: cost or | | | | | |
| other basis. Complete Part VI of Schedule D 10a 7,422. | | | | | |
| Less: accumulated depreciation 10b 6, 525. | 1,709. | 10 | | | |
| Investments - publicly traded securities | 0 | 11 | | | |
| Investments - other securities. See Part IV, line 11 | 0 | 12 | | | |
| Investments - program-related. See Part IV, line 11 | | 13 | | | |
| Intangible assets | 0 | 14 | | | |
| Other assets. See Part IV, line 11 | 0 | 15 | | | |
| Total assets. Add lines 1 through 15 (must equal line 34) | 112,422. | 16 | | | |
| | 1 0 4 0 0 | | | | |

| | other basis. Complete Part VI of Schedule D 10a 7,422. | | |
|----------------|--|-------------------|----------|
| b | Less: accumulated depreciation 10b 6, 525. | 1,709. 10c | 897. |
| 11 | Investments - publicly traded securities | 0 11 | (|
| 12 | Investments - other securities. See Part IV, line 11 | 0 12 | (|
| 13 | Investments - program-related. See Part IV, line 11 | 0 13 | (|
| 14 | Intangible assets | 0 14 | (|
| 15 | Other assets. See Part IV, line 11 | 0 15 | (|
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 112,422. 16 | 263,223. |
| 17 | Accounts payable and accrued expenses | 17,470. 17 | 31,871. |
| 18 | Grants payable | 0 18 | (|
| 19 | Deferred revenue | 0 19 | (|
| 20 | Tax-exempt bond liabilities | 0 20 | (|
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 21 | (|
| 21 22 | Payables to current and former officers, directors, trustees, key | | |
| | employees, highest compensated employees, and disqualified persons. | | |
| í | Complete Part II of Schedule L | 0 22 | (|
| 23 | Secured mortgages and notes payable to unrelated third parties | 0 23 | (|
| 24 | Unsecured notes and loans payable to unrelated third parties | 0 24 | (|
| 25 | Other liabilities (including federal income tax, payables to related third | | |
| - | parties, and other liabilities not included on lines 17-24). Complete Part X | | |
| | of Schedule D | 0 25 | (|
| 26 | Total liabilities. Add lines 17 through 25 | 17,470.26 | 31,871. |
| | Organizations that follow SFAS 117, check here ► X and complete | | |
| 3 | lines 27 through 29, and lines 33 and 34. | | |
| 27 | Unrestricted net assets | 94,952. 27 | 231,352. |
| 28 | Temporarily restricted net assets | 0 28 | (|
| 29 | Permanently restricted net assets | 0 29 | (|
| 27 28 29 | Organizations that do not follow SFAS 117, check here ▶ _ and | | |
| 5 | complete lines 30 through 34. | | |
| | Capital stock or trust principal, or current funds | 30 | |
| 30 31 | Paid-in or capital surplus, or land, building, or equipment fund | 31 | |
| | Retained earnings, endowment, accumulated income, or other funds | 32 | |
| 33 | Total net assets or fund balances | 94,952. 33 | 231,352 |
| | | 112,422. 34 | 263,223. |

Form 990 (2 Part X

10a

Assets

JSA 1E1053 1.000 262,326.

0 0

(B) End of year

PAGE 12

| For | m 990 (2011) | | | Pa | age 12 |
|-----|---|-------|------|-------|---------------|
| Pa | Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 323, | 075. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 186, | 675. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 136, | 400. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 94, | 952. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, | | | | |
| | column (B)) | 6 | | 231, | 352. |
| Ра | Art XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | - Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O. | • | | | |
| 2a | ······································ | | 22 | | |
| b | | | 21 |) | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for | overs | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accounta | | 20 | ; | |
| | If the organization changed either its oversight process or selection process during the tax year, e Schedule O. | xplai | n in | | |
| d | | oor w | | | |
| u | issued on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis, or both. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | fort | h in | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | ı | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | ergo | the | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 5 | 3 t |) | |

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) | |

Supplemental Financial Statements

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

| OMB No. 1545-0047 |
|-------------------|
| 2011 |
| |
| Open to Public |

| | artment of the Treasury nal Revenue Service | | Form 990. ► See sepa | | 01 120. | Inspection |
|-----|--|--|-----------------------------|----------------------|-----------------------|---|
| | e of the organization | | | | Employer identifica | |
| OPI | EN SOURCE MATT | ERS, INC. | | | 76-08030 | 08 |
| | rt I Organizat | tions Maintaining Donor Adv | | Similar Funds or | | |
| | organizati | ion answered "Yes" to Form | | a al forma da | (h) Euroda and | |
| | | | (a) Donor advis | ed funds | (b) Funds and | other accounts |
| 1 | | nd of year | | | | |
| 2 | | utions to (during year) | | | | |
| 3 | | from (during year) | | | | |
| 4 | | t end of year | | | | |
| 5 | - | on inform all donors and donor nization's property, subject to th | | | | Yes No |
| 6 | | on inform all grantees, donors, a | | | | |
| | - | purposes and not for the benef | | | | |
| | conferring imperm | issible private benefit? | | | | Yes No |
| Ра | rt II Conserva | issible private benefit? tion Easements. Complete i | f the organization answ | wered "Yes" to F | orm 990, Part IV | , line 7. |
| 1 | Purpose(s) of con | servation easements held by the | e organization (check all t | hat apply). | | |
| | Preservation | of land for public use (e.g., rec | reation or education) | Preservation | of an historically im | portant land area |
| | Protection of | natural habitat | | Preservation of | of a certified histor | ic structure |
| | Preservation | of open space | | | | |
| 2 | | through 2d if the organization h | eld a qualified conserva | tion contribution ir | n the form of a con | servation |
| | easement on the l | ast day of the tax year. | | | | |
| | | | | | Held at the | End of the Tax Year |
| а | Total number of co | onservation easements | | | 2a | |
| b | Total acreage rest | ricted by conservation easement | s | | 2b | |
| С | Number of conser | vation easements on a certified | historic structure include | ed in (a) | 2c | |
| d | | vation easements included in (c | | | | |
| | | sted in the National Register | | | 2d | |
| 3 | Number of conser | vation easements modified, trai | nsferred, released, extin | guished, or termin | ated by the organiz | ation during the |
| | | | | | | |
| 4 | | where property subject to conse | | | | |
| 5 | | tion have a written policy regard | | | | |
| | | orcement of the conservation ea | | | | |
| 6 | | r hours devoted to monitoring, i | nspecting, and enforcing | g conservation eas | sements during the | year |
| _ | • | | | | | |
| 7 | | es incurred in monitoring, inspe | cting, and enforcing con | servation easeme | nts during the year | |
| ~ | | | | | | |
| 8 | | vation easement reported on lin | | | | $\Box_{\mathbf{Y}}$ $\Box_{\mathbf{y}}$ |
| • | (I) and section 170 | (h)(4)(B)(ii)? be how the organization reports | | | d avraga at at a tat | |
| 9 | | d include, if applicable, the text | | | | - |
| | | ounting for conservation easem | | yanization s nhane | | describes the |
| Pa | | tions Maintaining Collection | | easures, or Othe | r Similar Assets | - |
| | | if the organization answered | "Yes" to Form 990, P | art IV, line 8. | | - |
| 1a | | | | | revenue statemen | t and halance sheet |
| Ia | works of art, hist | elected, as permitted under S orical treasures, or other simil | ar assets held for publ | lic exhibition, edu | ication, or researc | ch in furtherance of |
| | public service, pro | vide, in Part XIV, the text of the | ootnote to its financial s | tatements that des | scribes these items | 5. |
| b | | n elected, as permitted under | | | | |
| | | orical treasures, or other simil vide the following amounts rela | | iic exhibition, edu | ication, or researc | in in furtherance of |
| | • | uded in Form 990, Part VIII, line | • | | ► ¢ | |
| | | d in Form 990, Part X | | | | |
| 2 | | n received or held works of a | | | | |
| 2 | • | required to be reported under \$ | | | | a gan, provide the |
| а | | d in Form 990, Part VIII, line 1 | | | | |
| b | | Form 990, Part X | | | | |
| | | Act Notice, see the Instructions for | | | | edule D (Form 990) 2011 |
| JSA | | | | | | - |

| _ | dule D (Form 990) 2011 | | | | | | | | | | | | Page 2 |
|-------|--|--------------|--------------------|------------------------|------------------|----------------------|--------|-----------|---------------------|------------|-------------------|-------|---------------|
| Par | t III Organizations Maintaini | ng Colle | ections of | Art, Histo | rical Tre | easures | s, or | Other : | Similar A | Assets (| continue | əd) | |
| 3 | Using the organization's acquisitic collection items (check all that app | | sion, and o | other recor | ds, chec | k any o | of the | followi | ng that a | are a sigi | nificant | use c | of its |
| а | Public exhibition | | | d | Loa | n or ex | chan | ge progi | rams | | | | |
| b | Scholarly research | | | e | Oth | | | | | | | | |
| с | Preservation for future ge | nerations | ; | | | | | | | | | | |
| 4 | Provide a description of the organ | | | s and expla | ain how t | they fur | rther | the org | anization' | s exemp | t purpos | se in | Part |
| | XIV. | | | | | , | | 5 | | | | | |
| 5 | During the year, did the organization | on solicit o | or receive of | donations o | of art, hist | orical tr | easu | res, or o | ther simil | ar | | | |
| | assets to be sold to raise funds rath | | | | | | | | | _ | Yes | | No |
| Par | t IV Escrow and Custodial A line 9, or reported an an | | | | | nizatior | n ans | wered | "Yes" to | Form 99 | 90, Part | IV, | |
| 1a | Is the organization an agent, truste included on Form 990, Part X? | | | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in | | | | | | • • • | | | •••• | | |] |
| | in roo, oxplain the analygement in | | | | io mig tai | 510. | | | Α | mount | | | |
| с | Beginning balance | | | | | | 1c | | | inount | | | |
| d | Additions during the year | | | | | | 1d | | | | | | |
| e | Distributions during the year | | | | | | 1e | | | | | | |
| f | Ending balance | | | | | | | | | | | | |
| 2a | Did the organization include an am | | | | | | | | | [| Yes | | No |
| | If "Yes," explain the arrangement in | | | , | | | | | | L | | | - |
| Par | · · · · · · · · · · · · · · · · · · · | | | nization an | swered | "Yes" t | o Fo | rm 990 | , Part IV, | line 10. | | | |
| | | | rrent year | (b) Pric | | | | s back | (d) Three y | | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | | | |
| b | Contributions | | | | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | | | | |
| | and losses | | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | | |
| е | Other expenditures for facilities . | | | | | | | | | | | | |
| | and programs | | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | | |
| 2 | Provide the estimated percentage | of the cur | rent year e | end balance | e (line 1g, | column | n (a)) | held as: | | | | | |
| а | Board designated or quasi-endown | nent 🕨 | | _% | | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | | | |
| С | Temporarily restricted endowment | ▶ | % | | | | | | | | | | |
| | The percentages in lines 2a, 2b, an | | | | | | | | | | | | |
| 3a | Are there endowment funds not in | the poss | ession of tl | he organiza | ation that | are hel | d and | d admini | stered for | the | - | | |
| | organization by: | | | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | | | 3a(ii) | | |
| b | If "Yes" to 3a(ii), are the related org | • | | • | | | | | | | 3b | | |
| 4 | Describe in Part XIV the intended u | | - | | | | | | | | | | |
| Par | t VI Land, Buildings, and Equ | lipment. | <u>. See For</u> r | m 990, Pa | rt X, line | 10. | | | | | | | |
| | Description of property | | | other basis stment) | (b) Cost o (0 | or other ba ther) | asis | | umulated ciation | (0 | d) Book va | lue | |
| - | Land | | | | | | | | | | | | |
| b | Buildings | | | | | | | | | | | | |
| - | Leasehold improvements | | | | | | | | | | | | |
| d | Equipment | | | | | | | | | | | | |
| | Other | | | | V c - l | · (D) " | | (-)) | | | | | |
| i ota | I. Add lines 1a through 1e. (Column | (a) must | ∶equal ⊢orr | n 990, Part | л, coiumi | а (B), IIn | ie 10 | (C).) | 🏲 | | | | |

Schedule D (Form 990) 2011

| Schedule D (Form 990) 2011 | | | Page 3 |
|--|-----------------------|---|---------------------|
| Part VII Investments - Other Securities. See Fe | orm 990, Part X, line | ə 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuat Cost or end-of-year mark | |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| <u>(A)</u> | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F)(G) | | | |
| (H) | | | |
| (l) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. See F | orm 990. Part X. lin | e 13. | |
| (a) Description of investment type | (b) Book value | (c) Method of valuat | tion: |
| | | Cost or end-of-year mark | ket value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| <u>(7)</u> | | | |
| (8) | | | |
| (9) | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, li | no 15 | | |
| | Description | | (b) Book value |
| (1) | Decemption | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | <u></u> | |
| Part X Other Liabilities. See Form 990, Part X | , | | |
| 1. (a) Description of liability | (b) Book value | <u>ə</u> | |
| (1) Federal income taxes | | | |
| $\frac{(2)}{(2)}$ | | | |
| $\frac{(3)}{(4)}$ | | | |
| (4) (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | |
| 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the | | the organization's financial statement | ts that reports the |
| organization's liability for uncertain tax positions under F | | - | |

| Schedu | le D (Form 990) 2011 | Page 4 |
|--------|--|---|
| Part | XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemer | its |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | |
| 4 | Net unrealized gains (losses) on investments | |
| 5 | Donated services and use of facilities 5 | |
| 6 | Investment expenses 6 | |
| 7 | Prior period adjustments 7 | |
| 8 | Other (Describe in Part XIV.) | |
| 9 | Total adjustments (net). Add lines 4 through 8 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 1 |
| Part | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 |
| | | |
| a h | | |
| b | Donated services and use of facilities 2b | |
| C L | Recoveries of prior year grants 2c | |
| d | Other (Describe in Part XIV.) | • |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b | Other (Describe in Part XIV.) 4b | |
| С | Add lines 4a and 4b | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu | rn |
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| а | Donated services and use of facilities 2a | |
| b | Prior year adjustments 2b | |
| С | Other losses 2c | |
| d | Other (Describe in Part XIV.) | |
| е | | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b | Other (Describe in Part XIV.) 4b | |
| С | Add lines 4a and 4b | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) | 5 |
| Part | XIV Supplemental Information | |
| Part V | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete Iditional information. | /, lines 1b and 2b; e this part to provide |
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Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. 20**11** Open to Public Inspection

OMB No. 1545-0047

SCHEDULE O

(Form 990 or 990-EZ)

OPEN SOURCE MATTERS, INC.

Employer identification number

76-0803008

ATTACHMENT 1

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

SUPPORT JOOMLA! OPEN SOURCE CONTENT MANAGEMENT SYSTEM.

JOOLMLA! IS AN OPENSOURCE WEB BASED CONTENT MANAGEMENT SYSTEM WHICH

IS FREE AND AVAILABLE TO ANYONE. THE CORE TEAM OF JOOMLA! IS

COMPRISED OF VOLUNTEERS WHO HELP IN DETERMINING THE DIRECTION OF THE

PROJECT. OPEN SOURCE MATTERS, INC PROVIDES RESOURCES FOR TRAVEL

CONFERENCES, LEGAL AND PROFESSIONAL SUPPORT.

| | | | ATTACHMENT 2 | |
|---|---------|----------------|---------------|----------|
| FORM 990, PART VIII - INVESTMENT INCOME | | | | |
| | (A) | (B) | (C) | (D) |
| | TOTAL | RELATED OR | UNRELATED | EXCLUDED |
| DESCRIPTION | REVENUE | EXEMPT REVENUE | BUSINESS REV. | REVENUE |
| INTEREST INCOME | 6 | 6. | 66. | |
| TOTALS | 6 | 6. | 66. | |

| Schedule O (Form 990 or 990-EZ) 2011 | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| OPEN SOURCE MATTERS, INC. | 76-0803008 |
| <u>A</u> | TTACHMENT 3 |
| FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD | |
| | |
| GROSS SALES LESS RETURNS AND ALLOWANCES | 1,506. |
| | |
| INVENTORY AT BEGINNING OF YEAR | 8,634. |
| | |
| PURCHASES | |
| | |
| SALARIES AND WAGES | |
| OTHER COSTS | |
| UIIER CODIS | |
| SUBTOTAL | 8,634. |
| | -, |
| MINUS ENDING INVENTORY | |
| | |
| COST OF GOODS SOLD | 8,634. |
| | |

FORM 990, PART IX - OTHER EXPENSES

(A) (B) (C) (D) TOTAL PROGRAM MANAGEMENT FUNDRAISING DESCRIPTION EXPENSES SERVICE EXP. AND GENERAL EXPENSES MARKETTING 51,481. 51,481. 1,779. MISC EXP 1,779. TOTALS 53,260. 53,260.

ATTACHMENT 4

76-0803008

ATTACHMENT 5

FORM 990, PART VIII - CONTRIBUTIONS

| NAME AND ADDRESS | DATE | FEDERATED CAMPAIGNS | MEMBERSHIP DUES | FUNDRAISING | RELATED ORGANIZATIONS | GOVERNMENT GRANTS | ALL OTHER |
|------------------|------|------------------------|-----------------|-------------|--------------------------|----------------------|-----------|
| GRANTS | | | | | | | |
| TOTALS | | | | | | | |

72238T 786D 10/23/2012 2:54:10 PM V 11-6

76-0803008

| Description | of Property |
|-------------|-------------|
|-------------|-------------|

ATTACHMENT 6

2011

| DEPRECIATION | Date | Unadiusted | | 179 exp. | | | Beginning | Ending | | | | | MA | Current-year | |
|----------------------|----------------------|--------------------------------|-----------|-----------------------|--------------------|---------------------------|--------------|---------------------------------------|-------|-------|----------|---------------|------------|----------------|------------------------------|
| Asset description | placed in service | Unadjusted Cost or basis | Bus. % | reduction in basis | Basis Reduction | Basis for depreciation | Accumulated | Ending Accumulated depreciation | Me- | Conv | Life | ACRS class | M A CRS | 179 expense | Current-year depreciation |
| | | | | 111 00515 | Reduction | - | | | τησα | CONV. | LIIE | 61055 | | expense | |
| COMPUTER HARDWARE | 12/07/2007 | 7,422. | 100.000 | | | 7,422. | 5,713. | 6,525. | 200DB | MQ | | | 5 | | 81 |
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| | | | | | | | | | | | | | | | |
| Less: Retired Assets | | | | | | | | | | | | | | | |
| Subtotals | | 7,422. | | | | 7,422. | 5,713. | 6,525. | | | | | | | 8 |
| Listed Property | | ., | | 1 | | | | | | | | | | | |
| Lieted Freperty | | | | | | | | | | | | | | | |
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| Less: Retired Assets | | | | | | | | | | | | | | | |
| Subtotals | | | | | | | | | | | | | | | |
| TOTALS. | | 7,422. | - | | | 7,422. | 5,713. | 6,525. | | | | | | | 8 |
| AMORTIZATION | | 7,122. | | | 1 | 7,122. | 5,115. | 0,525. | | | | | | I | 0 |
| | Date | Cost | | | | | | Ending | | | | | | | |
| | placed in | or | | | | | Accumulated | Accumulated | | | | | | | Current-year |
| Asset description | service | basis | - | | | | amortization | amortization | Code | Life | <u> </u> | | | | amortization |
| | | | - | | | | | | | | _ | | | | |
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| 707410 | | | - | | | | | | | | | | | | |
| TOTALS | | ļ | | | | | Ļ | ļ | | | | | | | |
| Assets Retired | | | | | | | | | | | | | | | |

PAGE 22

Description of Property

DEPRECIATION

| Asset description | Date placed in service | Unadjusted Cost or basis | Bus. % | 179 exp. reduction in basis | Basis Reduction | Basis for depreciation | Beginning Accumulated depreciation | Ending Accumulated depreciation | Me- thod | Conv. | Life | ACRS | M A CRS class | Current-year 179 expense | Current-year depreciation |
|----------------------|------------------------------|---|-----------|-----------------------------------|--------------------|------------------------|--|---------------------------------------|-------------|-------|--|----------|---------------------|--------------------------------|---------------------------|
| OMPUTER HARDWARE | 12/07/2007 | 7,422. | 100.000 | | | 7,422. | 5,713. | 6,525. | 200DB | | | | 5 | | 81 |
| | 11,01,1001 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1001000 | | | .,,1221 | 577151 | 0,5151 | 20022 | | | | | | |
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| Less: Retired Assets | | | - | | | | | | 1 | | | | | | |
| Subtotals | | 7,422. | | | | 7,422. | 5,713. | 6,525. | | | | | | | 81 |
| Listed Property | | | | | | | | | | | | | | | |
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| Less: Retired Assets | | | | | | | | | 4 | | | | | | |
| Subtotals | | | | | | | | | | | | | | | |
| TOTALS | | 7,422. | | | | 7,422. | 5,713. | 6,525. |] | | | | | | 81 |
| AMORTIZATION | | | | | 1 | | | | | | | | | | |
| | Date | Cost | | | | | | Ending | | | | | | | |
| | placed in | or | | | | | Accumulated | Ending Accumulated amortization | | | | | | | Current-year |
| Asset description | service | basis | - | | | | amortization | amortization | Code | Life | <u>. </u> | | | | amortization |
| | | | | | | | | | | | | | | | |
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| TOTALS | | | | | | | 1 | | | | | | | | |

JSA 1X9024 1.000

PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216

INSTRUCTIONS FOR FILING OPEN SOURCE MATTERS, INC. NY FORM 500 NEW YORK 500 - ANNUAL FILING FOR CHARITABLE ORG. FOR THE PERIOD ENDED DECEMBER 31, 2011

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY TWO OFFICERS OF ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2012 WITH...

NYS DEPARTMENT OF LAW (OFFICE OF THE ATTORNEY GENERAL) CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NEW YORK 10271

| Form CHAR500 | Ne | w York State Departm | or Charitable Organization nent of Law (Office of the Atto Bureau - Registration Section | | | 2011 |
|--|---|---|---|--|--|--|
| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006) | rticle 7-A, EPTL and dual filers (replaces forms CHAR 497, New York, NY 10271 | | | | | |
| 1. General Information | | | | | | |
| a. For the fiscal year begin | ning (mm/dd/yy | yy) / 2 0 1 1 and | d ending (mm/dd/yyyy) | | | |
| b. Check if applicable for N | | me of organization | | | | ployer ID no. (EIN) (##-#######) |
| Address change | 01 | PEN SOURCE MATT | ERS, INC. | | | 803008 |
| Name change | | | | | e. NY State | e registration no. (##-##-##) |
| Initial filing | Nu | mber and street (or P.O. bo | x if mail not delivered to street address) | Room/suite | f. Telepho | no numbor |
| Final filing | | D BOX 4668 # 88 | | | I. Telepho | |
| Amended filing | Cit | y or town, state or country ar | | | g. Email | |
| NY registration pe | | EW YORK,NY,1016 | 3-4668 | | 5 | |
| | | 101000000000000000000000000000000000000 | 5 1000 | | | |
| 2. Certification - Two S | Signatures Re | quired | | | | |
| | | | , including all attachments, and t New York applicable to this report | | r knowledge | and belief, they are true, |
| a. President or Authorized | Officer | | PAUL OF | WIG | PRESII | DENT |
| | | Signature | Printed Name | | Title | Date |
| b. Chief Financial Officer of | or Treas. | | | HAMPTON | TREASU | |
| • | | Signature | Printed Name | | Title | Date |
| 3. Annual Report Exem | | | | | | |
| \$25,0 contril <u>NOTE:</u> An organiza United Way or inco substantially all of b. EPTL annual report ex Check ▶ if gros For EPTL or Article-7A regis exemptions under both <u>D</u> 4. Article 7-A Schedule | I contributions 1 000 <u>and</u> the org butions during tion may claim orporated commits contributions temption (EPTL as receipts did n strants claiming the h laws, simply co <u>o not</u> submit a feet S | from NY State (including anization did not engage this fiscal year. this exemption if no PFR of unity appeal <u>and</u> contribu- s from one government a registrants and dual regis not exceed \$25,000 <u>and</u> a ne annual report exemption mplete part 1 (General Infor , <u>do not</u> complete the follow | presidents, foundations, corpora e a professional fund raiser (PFR) or FRC was used <u>and</u> either: 1) it utions from other sources did no agency to which it submitted an a strants) assets (market value) did not exe under the one law under which they are rmation), part 2 (Certification) and part 3 <i>ving schedules and <u>do not</u> submit any</i> | or fund raising of received an all t exceed \$25,00 annual report s reed \$25,000 a registered and fo 8 (Annual Report I | counsel (FRC location from 00 <u>or</u> 2) it re imilar to that it any time du at any time du or dual registra Exemption Info | c) to solicit n a federated fund, ceived all or required by Article 7-A. uring this fiscal year. nts claiming the annual report |
| | | | blete the following for this fiscal year: | | | Yes* X No |
| a. Did the organization use * If "Yes", complete S | - | ind raiser, fund raising couns | el or commercial co-venturer for fund ra | ISING ACTIVITY IN N | State? | . Yes* X No |
| | | nent contributions (grants) |)? | | | Yes* X No |
| * If "Yes", complete S | - | (3.2) | | | | |
| 5 Eas Submitted | act page for any | many of for requirement | | | | |
| 5. Fee Submitted: See la Indicate the filing fee(s) | | · · · · | liə. | | | |
| a. Article 7-A filing fee b. EPTL filing fee | · · · · · · · · · · · · | | \$ tot | - | | r money order for the S Department of Law" |
| 6. Attachments - For or | rganizations that | at are not claiming annua | al report exemptions under both I | aws, see last pa | ige for requir | red attachments \rightarrow \rightarrow |

5. Fee Instructions

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

| | Organization's Registration Type | Fee Instructions |
|---|----------------------------------|---|
| , | • Article 7-A | Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0. |
| , | • EPTL | Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0. |
| | • Dual | Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. |

a) Article 7-A filing fee

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

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

b) EPTL filing fee

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

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

| For All Filers | | |
|--|---|---|
| Filing Fee Single check or money order payabl | e to "NYS Department of Law" | |
| Copies of Internal Revenue Service Forms | | |
| X IRS Form 990 All required schedules (including Schedule B) IRS Form 990-T | IRS Form 990-EZ All required schedules (including Schedule B) IRS Form 990-T | IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T |
| | | |

| Additional Article 7-A Document Attachment Requirement | |
|--|--|
| Independent Accountant's Report | |
| Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000) | |
| No Accountant's Report Required (total support & revenue not more than \$100,000) | |
| | |