Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

$\angle 0$	•	+	
Open to	Pu	blic	
Inspe	cti	on	

subordinates?	A F	or th	ne 201	4 calendar year, or tax year begir	nning , 201	4, and	ending				, 20	,	
Dezis SOURCE SALTIRES, INC. Dezis Designates Dezis Contribution Dezis Contributions and grants (Part VIII, Line 1g)	D			C Name of organization					D Employer ide	ntifica	ation numb	er	
Dorg Outcomes Dorg Outcome	В	heck if a	pplicable:	OPEN SOURCE MATTERS, 1	INC.				76-080	300	8		
Number and street (or P.D. box I final is not delivered to street accerease) PO BOX 4668 # 88354 City or form, state or province, country, and ZIP or foreign postal code Po Box 4668 # 88354 City or form, state or province, country, and ZIP or foreign postal code Po Box 4668 # 88354 NEW YORK, NY 10163-4668 Po Box 4668 # 88354 NEW YORK, NY 10163-4668 Po Box 4668 # 88354 NEW YORK, NY 10163-4668 Po Box 4668 # 88354 NEW YORK, NY 10163-4668 Po Box 4668 # 88354 NEW YORK, NY 10163-4668 Po Box 4668 # 88354 NEW YORK, NY 10163-4668 Po Box 4668 # 88354 NEW YORK, NY 10163-4668 Po Box 4668 Po Box				Doing business as				1					
City of Const., State or provinces, country, and ZiP or therego postal code New YORK, NY 10,163-3-668 House postal code		Name	change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room	/suite	П	E Telephone nu	mber			
NEW YORK, NY 10163-4668		Initia	return	PO BOX 4668 # 88354					()	-			
NEW YORK, NY 10163-4668				City or town, state or province, country, a	nd ZIP or foreign postal code			T					
Positive processors Finance and address of principal officer. Positive principal officer.		Amer	nded	NEW YORK, NY 10163-466	58				G Gross receip	ts \$		552	,704.
PO BOX 4668 #88354 NEW YORK, NY 10163-4668 Holl) **var standardisses motitated Vest No No standardisses motitated Vest No No standardisses motitated No No No standardisses motitated No No No No No No No N		Appli	cation	F Name and address of principal officer:	PAUL ORWIG						ırn for	Yes	X No
Website:			9	PO BOX 4668 #88354 NEW	Y YORK, NY 10163-4668						ncluded?	Yes	☐ No
Website:	ī	Tax-ex	empt st	tatus: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	٦	If "No," attac	ch a lis	t. (see instruc	tions)	
Briefly describe the organization's mission or most significant activities: OPEN SOURCE WEB BASED CONTENT MANAGEMENT S	J	Websi	ite: 🕨			,		٦.	H(c) Group exem	ption n	umber		
Briefly describe the organization's mission or most significant activities: OPEN SOURCE WEB BASED CONTENT MANAGEMENT S	K	Form	of orgar	nization: X Corporation Trust	Association Other	L	Year of form	natio	on: 2005 M	State	of legal do	micile:	NY
Briefly describe the organization's mission or most significant activities: OPEN SOURCE WEB BASED CONTENT MANAGEMENT S Control Co									<u> </u>				
2 Check this box ▶			Briefl	v describe the organization's mission or	most significant activities: OPEN	SOUR	CE WEB	BA	ASED CONT	ENT	MANAG	EME	NT S
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 0	ø			,									
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 0	anc												
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 0	ern	2	Check	k this box	scontinued its operations or dispos	ed of m	ore than 2	 5% (of its net assets	 s.			
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 0	9	3			·					1 1			
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Total unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year		4	Numb	per of independent voting members of the	he governing body (Part VI, line 1b)			• •		-			
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Total unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ties	5								\rightarrow			
Ta Total unrelated business revenue from Part VIII, column (C), line 12 Total unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ΞΞ									-			
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Ac	-	Total	unrelated husiness revenue from Part VI	III. column (C) line 12			• •		H-		190.	222.
Prior Year Current Year										-			
9 Program service revenue (Part VIII, cloum (A), lines 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 Total liabilities (Part X, line 26) 25 Net assets or fund balances. Subtract line 21 from line 20. 25 Net assets or fund balances. Subtract line 21 from line 20. 26 Date 27 Part II 28 Signature Block 29 Preparer Use Only 20 Firm's address ≥ 195 KOSCTUSZKO ST BROOKLYN, NY 11216 20 Phone no. 347-425-9397 May the IRS discuss this return with the preparer shown above? (see instructions) 27 Yes					666 1, 611 1 1 1 1 1 1	<u> </u>				1.2	Curi	ent Ye	ear
9 Program service revenue (Part VIII, cloum (A), lines 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 Total liabilities (Part X, line 26) 25 Net assets or fund balances. Subtract line 21 from line 20. 25 Net assets or fund balances. Subtract line 21 from line 20. 26 Date 27 Part II 28 Signature Block 29 Preparer Use Only 20 Firm's address ≥ 195 KOSCTUSZKO ST BROOKLYN, NY 11216 20 Phone no. 347-425-9397 May the IRS discuss this return with the preparer shown above? (see instructions) 27 Yes	une	8	Contr	ibutions and grants (Part VIII, line 1h)						0			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			Progr	am service revenue (Part VIII line 2d)			•••		708.40	0.		550	.825.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)) Ve	_	Inves	tment income (Part VIII, column (A), line	s 3 4 and 7d)		•••⊢			_			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 70 9, 087. 552,704. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	å												0
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									709.08			552	704
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 0 0 0 0 0 0									, 0, 7, 0, 0			332,	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)										-			
16a Professional fundraising fees (Part IX, column (A), line 11e)		4.5								-			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 16) 12 Total liabilities (Part X, line 26) 13 A C 618 14 Signature Block 15 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 16 A 3, 908 17 A 435, 451 18 Total expenses. Pipi IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X	ses	16a								-			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 16) 12 Total liabilities (Part X, line 26) 13 A C 618 14 Signature Block 15 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 16 A 3, 908 17 A 435, 451 18 Total expenses. Pipi IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X	ber	h											
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 643,908. 655,319. 19 Revenue less expenses. Subtract line 18 from line 12. 65,179. -102,615. 20 Total assets (Part X, line 16) 545,458. 435,460. 21 Total liabilities (Part X, line 26) 36,618. 29,235. 22 Net assets or fund balances. Subtract line 21 from line 20. 508,840. 406,225. 21 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Ж	17							643.90	18		655	319
19 Revenue less expenses. Subtract line 18 from line 12. 65, 179. -102, 615.										-			
20 Total assets (Part X, line 16)										$\overline{}$			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer	es		IVEVE	Tue less expenses. Subtract line to from	Time 12	· · · ·		ainn					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer	ets (20	Total	assets (Part Y line 16)						_			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer	Ass Bal	21					• • •			_			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer	und/	22					•••⊢			_			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name DANIELLE HLATKY Preparer Use Only Firm's name PIPIA COHEN HLATKY LLC Firm's address P195 KOSCIUSZKO ST BROOKLYN, NY 11216 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No					Hom line 20	· · · ·			300,01	<u> </u>		100,	
Type or print name and title Print/Type preparer's name DANIELLE HLATKY Preparer Use Only Firm's address ▶195 KOSCIUSZKO ST BROOKLYN, NY 11216 May the IRS discuss this return with the preparer (other than officer) is based on all information of which preparer has any knowledge. Date Check X if PTIN self-employed P01403210 Firm's EIN ▶26-4268100 Phone no. 347-425-9397 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No				<u> </u>	s return, including accompanying sche	dules and	d statements	s an	nd to the best of	f mv l	knowledge	and be	elief it is
Here Type or print name and title													
Here Type or print name and title													
Type or print name and title Paid Preparer Use Only May the IRS discuss this return with the preparer is name and title Print/Type preparer's name Preparer's signature Date Check X if self-employed PO1403210 Prim's signature Preparer's signature Preparer's signature Preparer's signature Po1403210 Po1403210 Po1403210 Firm's name PIPIA COHEN HLATKY LLC Firm's EIN ▶ 26-4268100 Phone no. 347-425-9397 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Sig	ın		Signature of officer					Date				
Print/Type preparer's name	He	re											
Paid Preparer Use Only DANIELLE HLATKY BODIECTOR IN Self-employed P01403210 Firm's name PIPIA COHEN HLATKY LLC Firm's EIN ▶ 26-4268100 Firm's address ▶ 195 KOSCIUSZKO ST BROOKLYN, NY 11216 Phone no. 347-425-9397 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No				Type or print name and title									
Paid Preparer Use Only DANIELLE HLATKY BODIECTOR IN Self-employed P01403210 Firm's name PIPIA COHEN HLATKY LLC Firm's EIN ▶ 26-4268100 Firm's address ▶ 195 KOSCIUSZKO ST BROOKLYN, NY 11216 Phone no. 347-425-9397 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			Print/	· · ·	Preparer's signature	Da	ite		Check Y	if [PTIN		
Preparer Use Only Firm's name ▶PIPIA COHEN HLATKY LLC Firm's EIN ▶ 26-4268100 Firm's address ▶195 KOSCIUSZKO ST BROOKLYN, NY 11216 Phone no. 347-425-9397 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Paid	t			. <u>.</u>					J "'		N 221	Ω
Term's address ▶195 KOSCIUSZKO ST BROOKLYN, NY 11216 May the IRS discuss this return with the preparer shown above? (see instructions)	Pre	parer			Y I.I.C			\neg					
May the IRS discuss this return with the preparer shown above? (see instructions)	Use	Only	-					-t					
	Max	/ the I			a above? (acc instructions)					<u> </u>			No
				<u>' '</u>	, , , , , , , , , , , , , , , , , , , ,								

	Briefly describe th	ne organization's mission			Check if Schedule O contains a response or note to any line in this Part III								
•	ATTACHMEN		•										
2	Did the organizat	tion undertake any signif	icant program services during the year	ar which were not listed on	the								
	prior Form 990 o												
			, or make significant changes in h	ow it conducts, any progi	am								
	services?	those changes on Schod			Yes X No								
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by												
			4) organizations are required to repo	ort the amount of grants ar	nd allocations to others								
	the total expenses	s, and revenue, if any, for	each program service reported.										
4a	(Code:) (Expenses \$	555,321. including grants of \$) (Revenue \$	362 482)								
			MANAGEMENT SYSTEM WHICH		302,102								
	AVAILABLE TO	ANYONE.											
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)								
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)								
	Other program se	ervices (Describe in Sche	dule O.)										
		including gra		Φ \									

JSA 4E1020 1.000

Form 990 (2014)
Part IV Chacklist of Paguired Schodules

Part	Checklist of Required Schedules		V	N
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			3.7
_	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,			
	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,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		.,,	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	441		77
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		- 1
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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 and XII.	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 and XII 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 other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? 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		
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		

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24-		23		
24a	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	24-		v
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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		Х
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		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L. Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31		31		Х
22	Part I	31		
32	- '	32		Х
20	complete Schedule N, Part II	32		
33		22		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			3.7
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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		
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

Par				
	Check if Schedule O contains a response or note to any line in this Part V			-
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
- 4	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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		- 1
D		6b		
7	gifts were not tax deductible?	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	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		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		v
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		21
	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:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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 13b			
	Enter the amount of reserves on hand Did the expenies to property for indeer temping convices during the tay year?	140		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		Λ.
D	n 166, has it lied a Form 120 to report these payments: If 170, provide an explanation in schedule O	1 40		

JSA 4E1040 1.000

Form 9	990 (2014) OPEN SOURCE MATTERS, INC. 76-0803	3008	F	Page 6
Par	, ,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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 <u>1a</u>			
	If there are 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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
•	any other officer, director, trustee, or key employee?			21
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? 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		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	۱ د	Λ
0000	on B. I dildies (This decision B requests information about policies not required by the internal Nevendo	Oout	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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		Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Λ
15	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		
a b	Other officers or key employees of the organization	15b		
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	in 100, and the organization follow a written polloy of procedure requiring the organization to evaluate its			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	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		
	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? ion C. Disclosure			
	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?			

Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216

347-425-9397

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

Check if Schedule O contains a response or note to any line 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.

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

(C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an amount of hours per compensation compensation from other week (list any officer and a director/trustee) from related compensation the organizations hours for Individual trustee or director Officer Institutional trustee employee Highest compensated from the organization (W-2/1099-MISC) related organization employee (W-2/1099-MISC) organizations and related below dotted organizations line) __(1)______ (3)_____ _(4)_____ _ (7)______ (10) (12) (13)_____ (14)

Form **990** (2014)

JSA.

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	vee	es, a	and H	ligi	hest Compensat	ed Employe	es (c	ontinue		age o
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	n oth highest compensated this or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	from	com fro orga	(F) timated fount of other pensatic om the anization d related	on n
to Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A		 	 			* * *	0		0 0			0 0
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste			e) who	re	ceived more than	\$100,000 of	'			
		r or	tri	ıcto	۰ ۱	(O) (mn	Joyco or highes	t component	od		Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	ual						•	3		X
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	' 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	satio	on f	from	any					5		X
Section B. Independent Contractors	55, COMPIC	10 001	icuu	110 0	101	Sucri	ροι	3011					
Complete this table for your five highest com compensation from the organization. Report c year.													
(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) ompens	ation	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII	Statement	of Revenue

		Check if Schedule O contains a respor	se or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e					
ontribution nd Other S	e f g	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		0			
ue			Business Code				
ven	22	PUBLISHING ROYALTIES	511130	949.	949.		
Program Service Revenue	2a				545.	188,343.	
ce	b	ADVERTISING INCOME	541800	188,343.		188,343.	
ēZi	С	SPONSORSHIP	541610	238,982.	238,982.		
Sc	d	CONFERENCE REGISTRATION	541610	13,782.	13,782.		
ran	е	INDIVIDUAL DONORS	541610	114.	114.		
Бo.	f	All other program service revenue		108,655.	108,655.		
	3 4	Investment income (including divider and other similar amounts). ATTACHMENT Income from investment of tax-exempt bond	ds, interest,	1,879. 0		1,879.	
	5	Royalties		0			
	6a b c	Gross rents	(ii) Personal				
	7a	Net rental income or (loss)	(ii) Other	0			
	b c	Less: cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)	•	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
-		See Part IV, line 18 a					
the		Less: direct expenses b					
0	9a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19		0			
	b	Less: direct expenses b	I I				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory	▶	0			
		Miscellaneous Revenue	Business Code				
	11a	CURRENCY GAIN					
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶	0			
	12	Total revenue. See instructions		552,704.	362,482.	190,222.	

76-0803008

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).

Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a resp	Donse of flote to arry in	IE III IIIIS FAIL IA		<u> </u>
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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			
	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
	Payroll taxes	0			
	Fees for services (non-employees):				
	Management	0			
	Legal	85,757.	85,757.		
	Accounting	2,713.	2,713.		
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	40,180.	40,180.		
13	Office expenses	8,741.	8,741.		
14	Information technology	6,894.	6,894.		
15	Royalties	0			
16	Occupancy	0			
17	Travel	239,130.	239,130.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	102 (40	102 640		
	Conferences, conventions, and meetings	183,640.	183,640.		
	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization Insurance ATCH 4	1,300.	1,300.		
		1,300.	1,500.		
24	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.)				
2	TAXES-FED,NYS & NYC	28,700.	28,700.		
	BANK SERVICE CHARGES	1,378.	1,378.		
	PROCESSING FEES	4,742.	4,742.		
	LICENSES AND PERMITS	100.	100.		
	All other expenses	52,044.	52,044.		
	Total functional expenses. Add lines 1 through 24e	655,319.	655,319.		
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		Charle if Cahadula O contains a reconomas as		to any line in this De	rt V			
		Check if Schedule O contains a response or	note	to any line in this Pa				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			538,154.	1	422,637.	
	2	Savings and temporary cash investments	0		0			
	3	Pledges and grants receivable, net	0	3	0			
	4	Accounts receivable, net			7,118.	4	12,637.	
	5	Loans and other receivables from current and	forme	r officers, directors,				
		trustees, key employees, and highest co	ompei	nsated employees.				
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0	
	6							
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu						
		organizations (see instructions). Complete Part II of Sche			0	6	0	
Assets	7	Notes and loans receivable, net			0	7	0	
1ss	8	Inventories for sale or use			0	8	0	
_	9	Inventories for sale or use Prepaid expenses and deferred charges		ATCH 3	0	9	0	
	10 a	Land, buildings, and equipment: cost or						
		other basis. Complete Part VI of Schedule D	10a	7,422.				
	b	Less: accumulated depreciation	10b	7,236.	186.	10c	186.	
	11	Investments - publicly traded securities			0	11	0	
	12	Investments - other securities. See Part IV, line 11			0		0	
	13	Investments - program-related. See Part IV, line 11				13	0	
	14	Intangible assets			14	0		
	15	Other assets. See Part IV, line 11			15	0		
	16	Total assets. Add lines 1 through 15 (must equal			545,458.		435,460.	
	17	Accounts payable and accrued expenses			36,618.	17	29,235.	
	18	Grants payable		0	18	0		
	19	Deferred revenue		0	19	0		
	20	Tax-exempt bond liabilities	exempt bond liabilities					
es	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0	21	0	
Liabilities	22	Loans and other payables to current and for						
jab		trustees, key employees, highest compen						
_		disqualified persons. Complete Part II of Schedule			0		0	
	23	Secured mortgages and notes payable to unrelate			0		0	
	24	Unsecured notes and loans payable to unrelated			0	24	0	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lines		'				
		of Schedule D				25	0	
	26	Total liabilities. Add lines 17 through 25			36,618.	26	29,235.	
Se		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		there X and				
anc	27	Unrestricted net assets			508,840.	27	406,225.	
Bal	28	Temporarily restricted net assets			0	28	0	
2	29	Permanently restricted net assets	<u></u>	0	29	0		
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.), chec	k here 🕨 🔛 and				
ts (30	Capital stock or trust principal, or current funds			30			
sse	31	Paid-in or capital surplus, or land, building, or equ				31		
Ä	32	Retained earnings, endowment, accumulated incomment				32		
Net	33	Total net assets or fund balances			508,840.	33	406,225.	
	34	Total liabilities and net assets/fund balances	<u></u>		545,458.	34	435,460.	

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	52,7	04.
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	55,3	19.
3	Revenue less expenses. Subtract line 2 from line 1	3			02,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		508,840		
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		406,225.		
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ı		Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	крlain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		,	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		٠ ١			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the	_		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

SCHEDULE D (Form 990)

Department of the Treasury

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.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number OPEN SOURCE MATTERS, INC. 76-0803008 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Schedule D (Form 990) 2014

\$____

▶ \$

Revenue included in Form 990, Part VIII, line 1

Schedule D (Form 990) 2014 Page **2**

Par	rt III Organizations Maintaining C	Collections of	Art, Hist	orical T	reasur	es, c	or Oth	ner Similar A	ssets	s (conti	inued)	_	
3	Using the organization's acquisition, a	ccession, and	other recor	ds, check	any of	f the	follow	ring that are a	signif	ficant us	se of its	s	
	collection items (check all that apply):												
а	Public exhibition		d	Loan c	or excha	ange	prograr	ns					
b	Scholarly research		е	Other									
С	Preservation for future generation	ns											
4	Provide a description of the organization	ion's collections	s and expla	ain how t	hey fur	ther	the org	ganization's ex	empt	purpose	in Par	٢t	
	XIII.												
5	During the year, did the organization so	licit or receive of	donations o	f art, histo	orical tre	easur	es, or	other similar					
	assets to be sold to raise funds rather th	nan to be maint	ained as pa	rt of the c	organiza	ation's	s collec	ction?		Yes	No.	0	
Par	rt IV Escrow and Custodial Arrang	gements. Con	nplete if th	ne organi	ization	ansv	vered	"Yes" to Form	า 990,	, Part I∖	/, line 9	Э,	
	or reported an amount on Fo	rm 990, Part >	K, line 21.										
1 a	Is the organization an agent, trustee, co			-						_			
	included on Form 990, Part X?									Yes	No	0	
b													
								Amou	ınt				
С	Beginning balance												
d	Additions during the year												
е	Distributions during the year					1e							
f	Ending balance				[1f							
2a	Did the organization include an amount							•		Yes	No	0	
b	If "Yes," explain the arrangement in Pa											_	
Par	rt V Endowment Funds. Complet												
		a) Current year	(b) Prio	r year	(c) Two	o years	s back	(d) Three years b	ack	(e) Four y	ears back	(
1a	0 0 1											_	
b	Contributions											_	
С	Net investment earnings, gains,												
_	and losses											_	
	Grants or scholarships											_	
е	Other expenditures for facilities												
_												_	
	Administrative expenses											_	
g	End of year balance											_	
2	Provide the estimated percentage of the			(line 1g,	column	(a)) I	held as						
a	Board designated or quasi-endowment		_%										
	Permanent endowment	_											
С	Temporarily restricted endowment ▶	%	000/										
٥-	The percentages in lines 2a, 2b, and 20	•		4: 414			المالية	:					
зa	Are there endowment funds not in the p	ossession of the	ne organiza	illon inal a	are neic	a and	admir	istered for the		V	aa Na	_	
	organization by:										es No	<u> </u>	
	(i) unrelated organizations									3a(i)		_	
L		zationa liatad aa								3a(ii) 3b		_	
ь 4	Describe in Part XIII the intended uses		•							30		_	
												—	
Par	rt VI Land, Buildings, and Equipme Complete if the organization	answered "Ye	es" to Forn	n 990, Pa	art IV, li	ine 1	1a. Se	ee Form 990,	Part 2	X, line 1	10.		
	Description of property	(a) Cost or	other basis	(b) Cost o	r other ba		(c) Acc	umulated		Book valu		_	
1a	Land		stment)	(01	ther)		aepr	eciation				_	
b	D. C. C. C.					-						_	
C	Leasehold improvements					-						_	
d					7,42	1		7,236.			186	_	
e	0.1				1,72			1,230.			T00	÷	
	Other I. Add lines 1a through 1e. (Column (d)		n 990 Part	X column	1 (R) lin	o 10/	(c))				186	_	
·		auc uquai i oii	555, i uit	, Joidini	، ر <i>ے</i> ر, سر	- , 0(~/•/				-00	•	

Schedule D (Form 990) 2014 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	L"Yes" to Form 990	Part IV line 11b See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mai	ation:
(1) Financia	al derivatives			
(2) Closely-	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Voc" to Form 000	Part IV line 11c See Form 000	Part V line 12
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year mar	
(1)			, , , , , , , , , , , , , , , , , , , ,	
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	I "Yes" to Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
_(4)				
_(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u>	,
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" to Form 990	, Part IV, line 11e or 11f. See For	rm 990, Part X,
1.	(a) Description of liability	(b) Book valu	ne	
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	I		
2 Liability fo	or uncertain tax positions. In Part XIII, provide the	text at the factnate to	the organization's financial statements t	hat reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 Page **4**

5			1 age 4
Part	Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered "Yes" to Form 990, Part IV, I		1.
1	Total revenue, gains, and other support per audited financial statements	110 12a.	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a		2a │	
b		?b	
С		2c	
d		2d	
е	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:		
а		la l	
b	Other (Describe in Part XIII.)	lb	
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			rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, I	ine 12a.	
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: Donated services and use of facilities	_	
a		2a	
b C		?b	
d	Other (Describe in Part VIII.)	2c	
e	Add lines 2a through 2d	iu	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		la	
b		lb	
U	Galor (Boodribo il 1 di 17 dili)	HD	
	Add lines 4a and 4h		4c
	`		4c 5
c 5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.		5
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
c 5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line

Part XIII Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

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.

CONFERENCES, LEGAL AND PROFESSIONAL SUPPORT.

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

FORM 990, PART VIII - INVESTMENT INCOME

(A) (B) (C) (D)

TOTAL RELATED OR UNRELATED EXCLUDED REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE

INTEREST INCOME 1,879. 1,879.

TOTALS 1,879. 1,879.

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES
DESCRIPTION

PREPAID EXPENSES

TOTALS

2014

Description of Property							ATTACHME	NT 4							
DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007		100.000			7,422.	7,236.	7,236.	200DB	MQ			5		
													-		
													-		
Less: Retired Assets			-						1						
Subtotals		7,422.				7,422.	7,236.	7,236.							
Listed Property	1						T			1		T	Т		
													-		
													-		
Long Dating Appara															
Less: Retired Assets			-												
Subtotals			-												
AMORTIZATION		7,422.				7,422.	7,236.	7,236.							
AWORTIZATION	Date	Cost						Ending							
Asset description	placed in	or basis					Accumulated	Ending Accumulated amortization	Codo	Life					Current-year
Asset description	service	Dasis	-				amortization	amortization	Code	LIIE					amortization
	+														
	+														
	+														
TOTALS															
TOTALS															

*Assets Retired

JSA 4X9024 1.000

ATTACHMENT 4 8/24/2015 3:52:11 PM V 14-6F

OPEN SOURCE MATTERS, INC.

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 class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007	7,422.	100.000			7,422.	7,236.	7,236.					5		
												-			
Less: Retired Assets									1						
Subtotals		7,422.				7,422.	7,236.	7,236.							
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS		7,422.				7,422.	7,236.	7,236.							
AMORTIZATION	Data	Coot					1	Fadias							
	Date placed in	Cost or					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization
														-	
							——		 						

*Assets Retired

JSA 4X9024 1.000

8/24/2015 3:52:11 PM V 14-6F PAGE 21