



CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2017 Open to Public Inspection

1. General Informa	ition				
For Fiscal Year Beginning		/01/ 2017 and E	nding (mm/dd/yyyy)	06 / 30 / 2017	_
Check if Applicable: Address Change	Name of Organization: O	/01/2017 and E PEN SOURCE MATTER	RS, INC.	Employer Identification Number (EIN): 76-0803008	
Name Change	Mailing Address:		1	NY Registration Number:	
Initial Filing	PO BOX 4668 # 8	88354		40 39 53	
Final Filing	City / State / Zip:		-	Telephone:	
Amended Filing	NEW YORK, NY, 101	63-4668			
Reg ID Pending	Website:	.00_1000		Email:	
Reg ID Feliality	www.joomla.org				
Check your organization's registration category:	7A only EP	TL only X DUAL (7A &	EPTL) EXEMPT C	onfirm your Registration Category in the narities Registry at www.CharitiesNYS.co	: :om.
2. Certification					
See instructions for certificati	ion requirements. Improp	er certification is a violation	of law that may be subject to	o penalties.	
We certify under pe	enalties of perjury that we retrue, correct and complete	reviewed this report, including in accordance with the law.	g all attachments, and to the s of the State of New York ap	e best of our knowledge and belief, pplicable to this report.	
President or Authorize	d Officer:		PRESIDENT	05/30/19	
President of Authorize	Signature		Print Name ar	nd Title Date	
Objet Financial Offices	as Teograpion	k/	TREASURER	05/30/19	
Chief Financial Officer	Signature		Print Name ar	nd Title Date	
3. Annual Reportin	g Exemption				
categories (DUAL filers) that attachments are required. If attachments and pay applicab	apply to your registration, you cannot claim an exem ble fees.	, complete only parts 1, 2, and parts 1, 2, and partion or are a DUAL filer the	and 3, and submit the certifien anat claims only one exemption	gory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or addition, you must file applicable schedules and	a
and the organization	n did not engage a profess	om NY State including reside sional fund raiser (PFR) or fu emption (see instructions).	ents, foundations, governmend raising counsel (FRC) to	ent agencies, etc. did not exceed \$25,0 solicit contributions during the fiscal ye	100 ear.
3b, EPTL filing exement the fiscal year.	n <u>otion</u> : Gross receipts did	not exceed \$25,000 and th	e market value of assets di	d not exceed \$25,000 at any time duri	ing
4. Schedules and	Attachments				
See the following page for a checklist of schedules and attachments to complete your filing.	Yes X No for fu	and raising activity in NY St	professional fund raiser, fun ate? If yes, complete Schedu government grants? If yes,		urei
5. Fee					
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	S 100 500	Total fee:	Make a single check or money orde payable to: "Department of Law"	er

CHAR500 Annual Filing for Charitable Organizations (Updated December 2017)

Page 1

Form **990**

Return of Organization Exempt From Income Tax

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

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. OMB No. 1545-0047 Open to Public Inspection

A F	or the	e 2016 calendar year, or tax year beginning 01/01, 2017 and en	ding), 20 17	
		C Name of organization		D Employer iden		number	
В	heck if app	OPEN SOURCE MATTERS INC		76-0803	8008		
	Addres	S Doing husiness as					
-	Change Name o	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telephone nun	nber		
-	Initial r	DO DOY 4669 # 99354		()			
\vdash	Final re						
\vdash	termina Amend	1100		G Gross receipts	\$	127	,518.
-	return Applica			H(a) Is this a grou	p return for	Yes	X No
_	pending			subordinates? H(b) Are all subordin		Yes	No
		PO BOX 4668 #88354 NEW YORK, NY 10163-4668	507	If "No," attacl			٠٠٠ ــــا
<u> </u>		mpt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527				
		e: > WWW.JOOMLA.ORG		H(c) Group exemp			NIV
<u>K_</u>	Form of	forganization: X Corporation Trust Association Other ► L Ye	ar of format	ion: 2005 M s	State of leg	gai domicile:	NY
P	art I	Summary				·	
	1 1	Briefly describe the organization's mission or most significant activities: OPEN SOURCE	WEB B	ASED CONTI	ENT MA	NAGEME	NT S
စ္ပ							
ä							
Governance	2	Check this box if the organization discontinued its operations or disposed of more	than 25%	of its net assets			
્રે	l	Number of voting members of the governing body (Part VI, line 1a)		i	3		10.
ಷ		Number of independent voting members of the governing body (Part VI, line 1b)			4		10.
ies	l	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5		0.
Ĕ	l	Total number of volunteers (estimate if necessary)		1	6		15.
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			7a		400.
_		Net unrelated business taxable income from Form 990-T, line 34			7b		0.
	D	Net unrelated business taxable income from Point 990-1, line 34	' ' ' ' ' '	Prior Year		Current Y	
	l			91	0.		910.
ě		Contributions and grants (Part VIII, line 1h)		434,23	_	126	,208.
ē	ı	Program service revenue (Part VIII, line 2g)		51		120	400.
Revenue	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					0.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	107	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		435,66		127	,518.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.		<u>0.</u>
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.		<u> </u>
ē		Total fundraising expenses (Part IX, column (D), line 25) ▶0.					
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		409,62	9.	165	,696 <u>.</u>
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		409,62	9.	165	,696.
	1	Revenue less expenses. Subtract line 18 from line 12	1	26,03	2.	-38	,178.
- S		Nevertue less experises. Oubtract file to from the 12.		ning of Current Y	ear	End of Ye	ar
ts or	٠.	Total assets (Part X, line 16)		442,42	6.	385	,445.
\sse	20	Total liabilities (Part X, line 26)		8,75			,000.
Net Asset Fund Balar	21	Net assets or fund balances. Subtract line 21 from line 20.	•	433,67			,445.
		Signature Block		 	1		
Lie	rt II	altics of positive I declare that I have examined this return including accompanying schedules and st	atements, a	and to the best of	my knowl	edge and b	elief, it is
tru	e, correc	and complete. Declaration of preparer (other than officer) is based on all information of which prepare	r has any k	nowledge.			
Sig	n	Signature of officer	 ,	Date			
He		·					
116	ן יי	MIKE DEMOPOULOS TREASURER		·			
		Type or print name and title			; PTIN		
D		Print/Type preparer's name Preparer's signature Date	11/00	/	"		
Paid	- 1	DANIELLE HLATKY	0/0	self-employe		014032	το
	parer	Firm's name ▶PIPIA COHEN HLATKY LLC	<u> / </u>	Firm's EIN ▶ 2			
USE	Only	Firm's address ▶195 KOSCIUSZKO ST BROOKLYN, NY 11216		Phone no. 3	47-425	<u>5-9397</u>	
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			Х		No
		work Reduction Act Notice, see the separate instructions.				Form 99	0 (2016)

OPEN SOURCE MATTERS INC

Forn	n 990 (20		Page Z
Pa	irt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1		describe the organization's mission:	
	ATTA	ACHMENT 1	
	prior Fo	e organization undertake any significant program services during the year which were not lister orm 990 or 990-EZ?	ed on the Yes X No
3	Did the	ne organization cease conducting, or make significant changes in how it conducts, any	program Yes X No
4	If "Yes," Describ expense	," describe these changes on Schedule O. ibe the organization's program service accomplishments for each of its three largest progra ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gra tal expenses, and revenue, if any, for each program service reported.	am services, as measured by
4a	(Code:) (Expenses \$\frac{165,696.}{165,696.} including grants of \$\frac{1}{2}\$) (Revenue \$\frac{1}{2}\$	127,118.
	SYSTE	EM WHICH IS FREE AND AVAILABLE TO ANYONE.	
4b	(Code:	:) (Expenses \$including grants of \$) (Revenue \$)
			•
4c	(Code:	:) (Expenses \$including grants of \$) (Revenue \$)
	-		
4d	Other	program services (Describe in Schedule O.)	
	(Expen	nses \$ including grants of \$) (Revenue \$)
JSA			Form 990 (2016)
J. 1		81NR 786D V 16-7.17	PAGE 2

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Part	Checklist of Required Schedules	_	Yes	No
			163	-110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			x
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	_		х
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
	complete Schedule D, Part III	8_		
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			х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		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.	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-		x
	complete Schedule D, Part VI	11a		 ^
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110	-	 ^
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		 ^
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	· · · ·		 ^``
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
	Schedule D, Parts XI and XII	120		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		x
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	13	·	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1.44		
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		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.45		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to or	15		х
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	├ .ॅ	t	1
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
4-	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<u></u> ٽ	\vdash	
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
46	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''	<u> </u>	<u> </u>
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19	If "Yes," complete Schedule G, Part III	19		х
	II 165, complete scriedule G, rait III	<u> </u>		

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Part	Checklist of Required Schedules (continued)		Yes	No
	and the second of the second o	20a		X
20 a	The organization operate one of more hospital facilities? If Tes, complete constant it is	20b		
b	If "Yes" to line 20a, did the organization attach a copy of its addited infancial statements to this retain.	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
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	23		Х
	employees? If "Yes," complete Schedule J	<u></u>		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	i		
	\$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 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	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		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	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			
26	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		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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١
	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_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l ,
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		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, Part II, III,	34		х
	or IV, and Part V, line 1	35a		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	004		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	100	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		
	related organization? If "Yes," complete Schedule R, Part V, line 2	├ ॅॅ		
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,			
		37		х
	Part VI	ļ <u>. </u>		T -
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	х
	13: Note. All Folial 330 filets are required to complete conceded c.		990	(2016)

F	² age	5

The Enter the number of Engoted in Box 3 of Form 1096. Enter -0- if not applicable. 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b If a Hass the 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. ► 3a Was the organization have an interest, in, or a signature or other financial account; (FPAR). 3b Was the organization a party to a prohibited tax shelter transaction at any time during the taxyear?. 3c Was the organization a party to a prohibited tax shelter transaction at any time during the taxyear?. 3c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a number seated and the organization solicit any contributions that were not tax deductible as charitable contributions? 3c Was the organization seceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 3c Did the organization seceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 3c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefi	Pari	Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box3 of Form 1096. Enter O-If not applicable		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	•••	
1a Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable. □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2b If It least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FIRCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter fransaction at any time during the tax year? 5b Did any trabible party notify the organization file Form 8886-17. 5c Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 1b If "Yes," did the organization include with every solicitation and as excess provided to the payor? 1c Type 1 the organization and payor to qualified intellectual property of the organization				Yes	No
b Enter the number of Forms W-26 included in line 1s. Enter-0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2s. Enter the number of emptyoese 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. 2b if at least one is reported on line 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions). 3b if at he ganization have unrelated business gross income of \$1,000 or more during the year? 3b if "res," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b if "res," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; 3countly? 3c At the semination of the foreign country; less enter the name of the foreign country; less enter the seminations of the semination of the semina	1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ľ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1 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? 3b if Yes, * last iffied a form 990-Tr for this year? If Yeb' 0 time b, provide an explanation in Schedule O. 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, and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; b—See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions or difference on tax deductible contributions under section 170(c). 5b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions or given the property of the organizations that may receive deductible contributions under section 170(c). 5b If Yes, "indicate the nu	h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable,		1	
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year		organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
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d If "Yes," indicate the number of Forms 8282 filed during the year	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	
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8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from members or shareholders. c Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 11b Section 501(c)(29) qualified nonprofit health insurance Issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 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 receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
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a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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		sponsoring organization have excess business holdings at any time during the year?	8		
a Did the sponsoring organization make any taxable distributions under section 4906?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10a 10b 11b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance Issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Sponsoring organizations maintaining donor advised funds.			_
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal to the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	$\overline{}$		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10				
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12		1	1
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [105]			- 1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11				
against amounts due or received from them.)	а	Gross income from members of shareholders			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		adding amounts due of received from them.	42-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?	þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
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	13		120		
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	а	Is the organization licensed to issue qualified health plans in more than one state?	134		
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which			
14a Did the organization receive any payments for indoor tanning services during the tax year?		the organization is incensed to issue qualified nearth plane 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	С	Enter the amount of reserves on nano	142	13.14.0	
b if "Yes," has it filed a Form 720 to report these payments? If "No, provide an explanation in Schedule O [140] Form 990 (2016)	14 a	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		990	(2016)

Form 990 (2016) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Part VI Section A. Governing Body and Management

Seci	IOII A. Governing Body and Wanagement			Yes	No
	Ta the starting man has of the coverning body at the end of the tay year.	1 d			
1a	Enter the number of voting members of the governing body at the end of the tax year				
	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. 1b	1 d			
b	Enter the number of voting members included in line 1a, above, who are independent	with			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	***	2		Х
	any other officer, director, trustee, or key employee?	irect			
3	Did the organization delegate control over management duties customarily performed by or under the d		3		Х
	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		Х
4	Did the organization make any significant changes to its governing documents since the prior form 350 was most 1.1. Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
5	Did the organization have members or stockholders?		6		Х
6	Did the organization have members of stockholders, or other persons who had the power to elect or app	noint			
7a	one or more members of the governing body?		7a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) mem	hers			
D	stockholders, or persons other than the governing body?		7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken du	ırina	_ ======		
8		9			
_	the year by the following: The governing body?		8a		Х
a	Each committee with authority to act on behalf of the governing body?	[8b		X
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ed at			
9	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 Rev	enue	Code	?.)	
		-		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	ļ	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap	ters,			
•	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	n? .	11a		X
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
	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		
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 approve	alby			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	sion?	45-		
а	The organization's CEO, Executive Director, or top management official	٠. ١	15a		
b	Other officers or key employees of the organization	•• }	15b		
	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 arrange	ment	16a		X
	with a taxable entity during the year?		ıod		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of the procedure requiring the organization to evaluate the state of the procedure requirements and taken at the procedure requirements.	e its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard organization's exempt status with respect to such arrangements?	i the L	16b		
<u> </u>		•••	100		
	on C. Disclosure			-	
17	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (S	ection	501/6	·1/31e	only)
18	available for public inspection. Indicate how you made these available. Check all that apply.	COLIOIT	' (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J,)
	Own website Another's website Upon request Other (explain in Schedule O)				
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest	ooliev	, and
19	financial statements available to the public during the tax year.	J. 1110			,
20	State the name, address, and telephone number of the nerson who nossesses the organization's books and	records	::▶		
20	State the name, address, and telephone number of the person who possesses the organization's books and PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216 347-425-9397				
				000	(2046)

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FORIN 990 (2010	',		U =								
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent C										
	Check if Sched	ule	O contains	a response	or note to	any li	ne in this Part	<u>VII</u>	<u> </u>	<u></u>	

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

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individu	not ch unles	s pe	ition more	the is or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)ROBERT JACOBI	1.00							_		
PRESIDENT	1.00	ļ		Х			<u> </u>	0.	0.	0
(2)MICHAEL DEMOPOULOS	1.00	ļ							0.	0
TREASURER	1.00		\vdash	Х			<u> </u>	0.	0.	
(3)LUCA MARZO	1.00	1		v				0.	o.	0
SECRETARY	1.00	ļ.,		Х			<u> </u>	0.	· · ·	<u>_</u>
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)					-					

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization ▶

,		Check if Schedule O contains a respon		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b					
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		Fundraising events 1c			·		
a l	C	Related organizations 1d					
ξĒ	d	Government grants (contributions) . 1e					
S	e	All other contributions, gifts, grants,		.			
3 2	f	and similar amounts not included above . 1f	910.				
0		Noncash contributions included in lines 1a-1f: \$					
ä	g	Total. Add lines 1a-1f		910.			
	<u>h</u>	Total. Add lines fa-fi	Business Code				
Program Service Revenue			541800	10,187.			
ě	2a	ADVERTISING INCOME	541610	11,334.			
8	b	DEMO SITE HOSTING	341610	356.	-		
<u> </u>	С	NON-INVENTORY SALES		78,581.			
Š	d	JOOMLA.COM AFFILIATE REVENUE					<u> </u>
Ē	e	NON EVENT SPONSORSHIP		25,750.			
ဥ်	f	All other program service revenue					1
ءَ ا	g	Total. Add lines 2a-2f		126,208.	-	<u> </u>	1
	3	Investment income (including divider				400	1
		and other similar amounts). ATTACHMENT		400.		400.	
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents	ļ				
	b	Less: rental expenses					Ì
l	С	Rental income or (loss)					-
	d	Net rental income or (loss)	<u> ▶</u> _	0.			
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					ŀ
	ь	Less: cost or other basis		·			
1	-	and sales expenses				2	
	С	Gain or (loss)					<u> </u>
	ď	Net gain or (loss)		0.			
	8a	Gross income from fundraising			- ATT		1
ng	va	events (not including \$					
š		of contributions reported on line 1c).		•	,		
ě		See Part IV, line 18 a	0.	•			
Other Reve		Less: direct expenses b			•		
ŏ	b	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	0.				
- 1			_				1
	b	Less: direct expenses b		0.			
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less		٠	,		
		returns and allowances a					
	b	Less: cost of goods sold b					<u> </u>
-	С	Net income or (loss) from sales of inventory.	Business Code	0.			
ŀ		Miscellaneous Revenue	Susmess Code				
ļ	11a	STATE TAX REFUND	 				
	b	FEDERAL TAX REFUND	 				
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue. See instructions	L	127,518.		400.	1

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations mus	t complete all column	s. All other organizatio	ns must complete colu	ımn (A).
	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	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
	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	0.			
4	individuals. See Part IV, lines 15 and 16 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	0.1			
7	persons described in section 4958(c)(3)(B)	0.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
	Other employee benefits	0.			
	Fees for services (non-employees): Management	0.			
	Legal	11,503. 4,500.		11,503. 4,500.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0. 0.			
	Other. (If line 11g amount exceeds 10% of line 25, column	0			
	(A) amount, list line 11g expenses on Schedule O.)	7,280.	7,280.		
	Advertising and promotion	1,835.		1,835.	
	Information technology	0.			
15		0.			
16	_ '	0.			
	Travel	94,655.	94,655.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	25,991.	25,991.		
	Interest	0.			
21		0.			
22	Depreciation, depletion, and amortization	7,136.		7,136.	
23	Insurance ATCH. 4	1,770.		1,770.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	٠.			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
£	BANK SERVICE CHARGES	696.		696.	
_	PROCESSING FEES	367.		367.	
	POSTAGE AND MAILING SERVICE	1,676.	1,676.		
c	PROFESSIONAL FEES	8,207.		8,207.	
	All other expenses	80.	100 600	80.	
25 26	Total functional expenses. Add lines 1 through 24e 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	165,696.	129,602.	36,094.	
104	following SOP 98-2 (ASC 958-720)	0.			Form 990 (2016)

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Part >	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		
	Check if Schedule O contains a response of note to any line in this re	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	381,455.	1	352,768.
2		0.	2	0.
3		0.	3	0
4		0.	4	5,500
5				
"	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0.	5	0
6	Complete Part II of Schedule L Loans and other 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). Complete Part II of Schedule L	0.	6	0
\$ F	AL III washinkle mek	0.	7	0
Assets		0.	8	0
⋖ 9	አጥሮሀ 3	25,626.	9	35,978
	a Land, buildings, and equipment: cost or			
'"	other basis. Complete Part VI of Schedule D		<u> </u>	
	b Less: accumulated depreciation 10b 16,223.	35,345.	10c	-8,801
11	the second secon	0.	11	0
12		0.	12	0
13		0.	13	0
14		•	14	0
15			15	0
16		442,426.	16	385,445.
17		8,755.	17	8,000
18		0.	18	0
19		0.	19	0
20		0.	20	0
21		0.	21	0
	an transfer to the second seco	ge ja		
Liabilities	trustees, key employees, highest compensated employees, and			
園	disqualified persons. Complete Part II of Schedule L		22	0
멸 ₂₃	- I A . I Ab I A . I Ab I a		23	0
24		0.	24	0
25	and the second s			
2	parties, and other liabilities not included on lines 17-24). Complete Part X		ļ	
	of Schedule D	0.	25	0
26		8,755.	26	8,000
	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	,		
ğ 27	· · · · · · · · · · · · · · · · · · ·	442,426.	27	423,493.
E 28		0.	28	0.
29		0.	29	0
or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	-		
			30	
Assets 31			31	
S 32			32	
32 Set 33		442,426.	-	423,493.
2 33		451,181.		431,493.
	Total liabilities and liet assets/fully balances,	-0-,-0	•	Form 990 (2010

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Part	XI Reconciliation of Net Assets					<u></u>		
	Check if Schedule O contains a response or note to any line in this Part XI	, • • •	<u> </u>	<u></u>		X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.	27,5 65,6			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1		-38,178. 442,426.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	5 Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6	<u>'</u>			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	19,245.			45.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			00 4			
	33, column (B))	10	_	4	23,4	193.		
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		• • • •	• • •		4ا		
			г	\rightarrow	Yes	No I		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u></u>					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in	1	:			
	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 compiled 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?							
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	ла 📙					
	separate basis, consolidated basis, or both:		ŀ					
	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 oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent acc	int?	2c					
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in			ļ		
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	o undergo an audit or audits as set forth 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	ergo	the	26				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits.	1	3b	990	(2016)		
				⊦ orm	330	(2016)		

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SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Inspection Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

OPEN SOURCE MATTERS INC

SCHEDULE 0 ADJUSTMENTS

76-0803008

1. ADJUSTMENT OF 20,000.00 FOR FEDERAL	TAX REFUND		•				
2. ADJUSTMENT OF (755.00)PY AP ADJUSTMENT	a man cuntaviii. 1						
FORM 990, PART III, LINE 1 - ORGANIZATI	ATTACHMENT 1						
SUPPORT JOOMLA! OPEN SOURCE CONTENT MANA	AGEMENT SYSI	EM.					
JOOLMLA! IS AN OPENSOURCE WEB BASED CON	TENT MANAGEM	ENT SYSTEM WHIC	н				
IS FREE AND AVAILABLE TO ANYONE. THE CO	ORE TEAM OF	JOOMLA! IS					
COMPRISED OF VOLUNTEERS WHO HELP IN DET	ERMINING THE	DIRECTION OF T	HE				
PROJECT. OPEN SOURCE MATTERS, INC PROVI	DES RESOURCE	S FOR TRAVEL					
CONFERENCES, LEGAL AND PROFESSIONAL SUP	PORT.						
			ATTACHMENT 2				
FORM 990, PART VIII - INVESTMENT INCOME			MIIMOMIBAI E				
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE			
SAVING ACCOUNT INTEREST	400		400.				
TOTALS =	400	· ·	400.				
			ma CHMENE 2				
FORM 990, PART X - PREPAID EXPENSES AND	DEFERRED CI	-	TACHMENT 3				
DESCRIPTION			ENDING BOOK VALUE				
PREPAID EXPENSES			35,978.				
TOTALS			35,978.	:			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

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2016

Description of Property <u>ATTACHMENT</u> 4															
DEPRECIATION English Fedica LMA Current-year															
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.	200DB	MQ			5		
A/V EQUIPMENT	12/01/2016		100.000			37,010.		7,032.	200DB	MQ			5		7,032.
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Less: Retired Assets	<u></u>) '						1	-4	٠.	4	,		
Subtotals	<u></u>	44,432.	·			44,432.	7,236.	14,268.	ŀ						7,032.
Listed Property			r		, 			ı	···	г · т					
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	L		ļ				ļ			i		L			
Less: Retired Assets			1						ı ·		·				
Subtotals, ,		[ļ.						7,032.	
TOTALS			<u> </u>		L	44,432.	7,236.	14,268.	l						
AMORTIZATION Date Cost placed in or Asset description service basis Accumulated Accumulated amortization Code Life Current amortization Code Life															
Asset description	placed in service	or basis					Accumulated amortization	Accumulated amortization	Code	Life	_[•		ļ	Current-year amortization
]								_			ļ	
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			1		**									[
TOTALS			1.						l						

*Assets Retired JSA 8X9024 1.000

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V 16-7.17

ATTACHMENT 4

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2016 76-0803008 OPEN SOURCE MATTERS INC **Description of Property** DEPRECIATION ACRS CRS class class 179 exp. reduction in basis Beginning Accumulated depreciation depreciat Current-year 179 Date placed in service Unadjusted Cost or basis Current-year depreciation Bus. Basis Basis for Life Reduction depreciation Asset description 7,236. 7,236 200DB MQ 7,422. COMPUTER HARDWARE 12/07/2007 7,422. 100.000 7,032. 7,032. 200DB MQ 12/01/2016 37,010. 100.000 37,010. A/V EQUIPMENT 1 d. 14,268. 44,432. 7,236. 44, 432 Listed Property Less: Retired Assets Subtotals........ 7,032. 44,432. 44,432 7,236. 14,268 **AMORTIZATION** Accumulated Accumulated amortization Code Date placed in service Cost or basis

TOTALS . . *Assets Retired JSA 6X9024 1.000

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Asset description

V 16-7.17

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Current-year amortization