

U.S. Corporation Income Tax Return
For calendar year 2012 or tax year beginning _____, ending _____

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

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name OPEN SOURCE MATTERS, INC Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 4668 #88354 City or town, state, and ZIP code NEW YORK, NY 10163-4668	B Employer identification number 76-0803008 C Date incorporated 01/01/2005 D Total assets (see instructions) \$ 484,462.
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change <input type="checkbox"/>			

Income	1a	Gross receipts or sales	1a	571,360.
	b	Returns and allowances	1b	
	c	Balance. Subtract line 1b from line 1a	1c	571,360.
	2	Cost of goods sold (attach Form 1125-A)	2	
	3	Gross profit. Subtract line 2 from line 1c	3	571,360.
	4	Dividends (Schedule C, line 19)	4	
	5	Interest	5	597.
	6	Gross rents	6	
	7	Gross royalties	7	
	8	Capital gain net income (attach Schedule D (Form 1120))	8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10	Other income (see instructions - attach statement)	10	27.	
11	Total income. Add lines 3 through 10	11	571,984.	
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions - attach Form 1125-E)	12	
	13	Salaries and wages (less employment credits)	13	
	14	Repairs and maintenance	14	
	15	Bad debts	15	
	16	Rents	16	
	17	Taxes and licenses	17	28,829.
	18	Interest	18	
	19	Charitable contributions	19	5,000.
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	711.
	21	Depletion	21	
	22	Advertising	22	
	23	Pension, profit-sharing, etc., plans	23	
	24	Employee benefit programs	24	
	25	Domestic production activities deduction (attach Form 8903)	25	
	26	Other deductions (attach statement)	26	250,753.
	27	Total deductions. Add lines 12 through 26	27	285,293.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	286,691.
29	a	Net operating loss deduction (see instructions)	29a	
	b	Special deductions (Schedule C, line 20)	29b	
	c	Add lines 29a and 29b	29c	
Tax, Refundable Credits, and Payments	30	Taxable income. Subtract line 29c from line 28 (see instructions)	30	286,691.
	31	Total tax (Schedule J, Part I, line 11)	31	95,059.
	32	Total payments and refundable credits (Schedule J, Part II, line 21)	32	105,687.
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	33	41.
	34	Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	
	35	Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35	10,587.
	36	Enter amount from line 35 you want: Credited to 2013 estimated tax 10,587. Refunded	36	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____	Date _____	Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name DANIELLE HLATKY	Preparer's signature _____	Date _____	Check <input checked="" type="checkbox"/> if self-employed
	Firm's name PIPIA COHEN HLATKY LLC	Firm's EIN 26-4268100		PTIN P01403210
	Firm's address 195 KOSCIUSZKO ST BROOKLYN, NY 11216	Phone no. 347-425-9397		

For Paperwork Reduction Act Notice, see separate instructions. Form **1120** (2012)

Schedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities . .		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities . . .		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs . . .		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs . . .		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12 .			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4 . . ▶			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))		
2	Income tax. Check if a qualified personal service corporation (see instructions)		95,059.
3	Alternative minimum tax (attach Form 4626)		NONE
4	Add lines 2 and 3		95,059.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834, line 30 (attach Form 8834)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	95,059.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	95,059.

Part II - Payments and Refundable Credits

12	2011 overpayment credited to 2012	12	2,450.
13	2012 estimated tax payments	13	38,000.
14	2012 refund applied for on Form 4466	14	()
15	Combine lines 12, 13, and 14	15	40,450.
16	Tax deposited with Form 7004	16	65,237.
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	105,687.
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	105,687.

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ <u>511130</u>		
b	Business activity ▶ <u>WEB BASED SOFTWARE M</u>		
c	Product or service ▶ <u>SOFTWARE RESOURCES</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X

Schedule K Other Information continued (see instructions)

5 At the end of the tax year, did the corporation:

- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock. Includes Yes/No checkboxes.

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital. Includes Yes/No checkboxes.

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.

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

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter:

(i) Percentage owned and (ii) Owner's country

(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year \$

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer)

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here. If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) \$

13 Are the corporation's total receipts (line 1c plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$

14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? If "Yes," complete and attach Schedule UTP.

15a Did the corporation make any payments in 2012 that would require it to file Form(s) 1099? b If "Yes," did or will the corporation file required Forms 1099?

16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?

17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		262,326.		476,481.
2a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach schedule)	Stmt 5			7,795.
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets	7,422.		7,422.	
b Less accumulated depreciation	(6,525.)	897.	(7,236.)	186.
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
14 Other assets (attach schedule)				
15 Total assets		263,223.		484,462.
Liabilities and Shareholders' Equity				
16 Accounts payable		21,186.		13,656.
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach schedule)	Stmt 5	10,685.		27,145.
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach schedule)				
22 Capital stock: a Preferred stock				
b Common stock				
23 Additional paid-in capital				
24 Retained earnings - Appropriated (attach schedule)				
25 Retained earnings - Unappropriated		231,352.		443,661.
26 Adjustments to shareholders' equity (attach schedule)				
27 Less cost of treasury stock		()		()
28 Total liabilities and shareholders' equity		263,223.		484,462.

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

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1 Net income (loss) per books	212,309.	7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2 Federal income tax per books	74,262.		
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize): _____		8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		b Charitable contributions \$ _____	
b Charitable contributions \$ _____			
c Travel and entertainment \$ 120.		9 Add lines 7 and 8	
6 Add lines 1 through 5	286,691.	10 Income (page 1, line 28) - line 6 less line 9	286,691.

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

1 Balance at beginning of year	231,352.	5 Distributions: a Cash	
2 Net income (loss) per books	212,309.	b Stock	
3 Other increases (itemize): _____		c Property	
		6 Other decreases (itemize): _____	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	443,661.	8 Balance at end of year (line 4 less line 7)	443,661.

Department of the Treasury
Internal Revenue Service

▶ **Attach to the corporation's tax return.**

2012

▶ **Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.**

Name OPEN SOURCE MATTERS, INC		Employer identification number 76-0803008
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	1 286,691.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	2a -354.
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences <i>See Statement 6.</i>	2o NONE
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3 286,337.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	4a 286,337.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You <i>must</i> enter an amount on line 4d (even if line 4b is positive).	4d
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5 286,337.
6	Alternative tax net operating loss deduction (see instructions)	6
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7 286,337.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a 136,337.
b	Multiply line 8a by 25% (.25)	8b 34,084.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c 5,916.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9 280,421.
10	Multiply line 9 by 20% (.20)	10 56,084.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11
12	Tentative minimum tax. Subtract line 11 from line 10.	12 56,084.
13	Regular tax liability before applying all credits except the foreign tax credit	13 95,059.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14 NONE

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2012)

Adjusted Current Earnings (ACE) Worksheet

Keep for Your Records

► See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	286,337.
2	ACE depreciation adjustment:			
a	AMT depreciation	2a		1,065.
b	ACE depreciation:			
	(1) Post-1993 property	2b(1)		1,065.
	(2) Post-1989, pre-1994 property	2b(2)		
	(3) Pre-1990 MACRS property	2b(3)		
	(4) Pre-1990 original ACRS property	2b(4)		
	(5) Property described in sections 168(f)(1) through (4)	2b(5)		
	(6) Other property	2b(6)		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		1,065.
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a		
b	Death benefits from life insurance contracts	3b		
c	All other distributions from life insurance contracts (including surrenders)	3c		
d	Inside buildup of undistributed income in life insurance contracts	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b		
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a		
b	Circulation expenditures	5b		
c	Organizational expenditures	5c		
d	LIFO inventory adjustments	5d		
e	Installment sales	5e		
f	Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	286,337.

Underpayment of Estimated Tax by Corporations

2012

▶ Attach to the corporation's tax return.

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name: OPEN SOURCE MATTERS, INC Employer identification number: 76-0803008

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	95,059.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c	Credit for federal tax paid on fuels (see instructions)	2c	
d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	95,059.
4	Enter the tax shown on the corporation's 2011 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	40,202.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	40,202.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6** The corporation is using the adjusted seasonal installment method.
- 7** The corporation is using the annualized income installment method.
- 8** The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 04/15/2012	06/15/2012	09/15/2012	12/15/2012
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10 10,051.	10,051.	10,051.	10,051.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11 12,450.	10,000.	18,000.	
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12	2,399.	2,348.	10,297.
13 Add lines 11 and 12	13	12,399.	20,348.	10,297.
14 Add amounts on lines 16 and 17 of the preceding column	14			
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 12,450.	12,399.	20,348.	10,297.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16			
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18 2,399.	2,348.	10,297.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i>				
20 Number of days from due date of installment on line 9 to the date shown on line 19.				
21 Number of days on line 20 after 4/15/2012 and before 7/1/2012				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 3%				
23 Number of days on line 20 after 6/30/2012 and before 10/1/2012				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 3%				
25 Number of days on line 20 after 9/30/2012 and before 1/1/2013				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 3%				
27 Number of days on line 20 after 12/31/2012 and before 4/1/2013				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3%				
29 Number of days on line 20 after 3/31/2013 and before 7/1/2013				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %				
31 Number of days on line 20 after 6/30/2013 and before 10/1/2013				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %				
33 Number of days on line 20 after 9/30/2013 and before 1/1/2014				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %				
35 Number of days on line 20 after 12/31/2013 and before 2/16/2014				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %				
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36.		1.	40.	
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns.				41.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

OPEN SOURCE MATTERS, INC

76-0803008

Business or activity to which this form relates

General Depreciation and Amortization

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 main rows for Part I. Line 1: Maximum amount. Line 2: Total cost of section 179 property. Line 3: Threshold cost. Line 4: Reduction in limitation. Line 5: Dollar limitation. Line 6: Description of property, Cost, Elected cost. Line 7: Listed property amount. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2013.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2012. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include Class life 12-year and 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property. Line 22: Total. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

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

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

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

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

Section B - Information on Use of Vehicles

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

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

PIPIA COHEN HLATKY LLC
195 KOSCIUSZKO ST
BROOKLYN, NY 11216

* * * * *

OPEN SOURCE MATTERS, INC
Instructions for Filing
Form 7004
Application for Automatic Extension of Time
to File Corporation Income Tax Return
for the year ended December 31, 2012

* * * * *

Signature . . .

No signature required.

Filing . . .

The extension should be filed on or before March 15, 2013
with:

Department of the Treasury
Internal Revenue Service Center
Cincinnati, OH 45999-0045

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

Payment . . .

This extension indicates an additional tax due of \$ 65,237.
Payment of this amount should be made using the Electronic Federal Tax Payment System (EFTPS). To avoid assessment of a penalty, the payment must be made timely and in the required manner through the EFTPS. If you have any questions regarding the new electronic funds the Internal Revenue Service before transmitting payment.
As an additional payment of the 2012 Federal tax liability, your remittance in the amount of \$ 65,237. will be electronically debited from your bank account on 03/15/2013.

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► File a separate application for each return.

Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

**Print
or
Type**

Name OPEN SOURCE MATTERS, INC	Identifying number 76-0803008
Number, street, and room or suite no. (If P.O. box, see instructions.)	
PO BOX 4668 #88354	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	
NEW YORK, NY 10163-4668	

Note. File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below) 1 2

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below) 1 2

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

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
 If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here

5 a The application is for calendar year 2012, or tax year beginning _____, 20____, and ending _____, 20_____

b Short tax year. If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (see instructions-attach explanation)

6 Tentative total tax	6	105,687.
7 Total payments and credits (see instructions)	7	40,450.
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	65,237.

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

Form **7004** (Rev. 12-2012)

Form 1120, Page 1 Detail

Line 10 - Other income

CURRENCY EXCHANGE	27.
Total	27.

Form 1120, Page 1 Detail

Line 17 - Taxes and licenses

NY STATE TAXES

28,829.

Total

28,829.
=====

Form 1120, Page 1 Detail

Line 19 - Contributions deduction

1. Taxable income (excluding contributions and domestic production activities deduction)	291,691.
2. Less: NOL carryover	
3. Plus: Capital Loss carryback	
4. Taxable income without regard to contributions, special deductions, domestic production activities deduction, NOL carrybacks, and capital loss carrybacks	291,691.
5. Contribution deduction limitation (Taxable income x 10%)	29,169.
6. Amount of deductible contributions	5,000.

7. Contribution deduction (Lesser of line 5 or line 6)	5,000.
=====	

Form 1120, Page 1 Detail

Line 26 - Summary of Travel, Meals and Entertainment

Gross meals and entertainment	239.
Less 50% limitation to Sch M-1	120.
Net meals & entertainment	119.
CONFERENCES, SEMINARS, SUMMITS AND EVENTS	46,573.
Total	46,692.

Line 26 - Other deductions

Travel, meals and entertainment	46,692.
BANK CHARGES	880.
LEGAL	28,902.
ACCOUNTING	14,423.
WEBSITE AND HOSTING EXPENSES	2,295.
OFFICE EXPENSES	1,351.
INSURANCE	1,100.
CONFERENCES AND SEMINARS- JOOMLA DAY EVENTS	116,355.
POSTAGE AND DELIVERY	18.
MARKETTING	34,708.
LICENSES AND PERMITS	100.
DUES AND SUBSCRIPTIONS	490.
PROCESSING FEES	3,434.
MISCELLANEOUS EXPENSES	5.
Total	250,753.

Form 1120, Page 5 Detail

=====

Sch L, Line 6 - Other current assets	Beginning	Ending
-----	-----	-----
PREPAID EXPENSES		7,795.
Total		7,795.
	=====	=====

Sch L, Line 18 - Other current liabilities		

Accrued State Taxes		19,145.
Accrued State Taxes	10,685.	
Other current liabilities		8,000.
Total	10,685.	27,145.
	=====	=====

Form 4626 Detail

Line 2o - Other Adjustments - Contributions Deduction

1. AMTI (excluding contributions and domestic production activities deduction)	291,337.
2. Less: NOL carryover	
3. Plus: Capital Loss carryback	
4. AMTI without regard to contributions, special deductions, domestic production activities deduction, NOL carrybacks, and capital loss carrybacks	291,337.
5. Contribution deduction limitation (AMTI x 10%)	29,134.
6. Amount of deductible contributions	5,000.

7. Contribution deduction (Lesser of line 5 or line 6)	5,000.
=====	

Line 2o - Contributions Adjustment

Regular Contributions	5,000.
AMT Contributions	5,000.

Contribution adjustment	NONE
=====	

Form 2220, Page 2 Penalty Detail

=====
 ** Computation is based on the interest rates published by the IRS **
 04/15/2012-12/31/2012 3%
 01/01/2013-03/31/2013 3%

Column	Amount Applied	Remaining Underpayment	Payment Date	Days Late	Penalty
(A)	7,601.		04/17/2012	2	1.
	5,202.				1.
(B)	7,652.		08/19/2012	65	40.
	5,304.				40.
Total					41.

General Business Corporation Franchise Tax Return

Tax Law - Article 9-A

See Form CT-3/4-I before completing return.

All filers must enter tax period:

Final return [] Amended return [] beginning 01-01-12 ending 12-31-12

Form with fields for Employer identification number (EIN), File number, Business telephone number, Legal name of corporation, Trade name/DBA, Mailing name, State or country of incorporation, Date received, Date of incorporation, City, State, ZIP code, NAICS business code number, Principal business activity, etc.

Metropolitan transportation business tax (MTA surcharge)

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? If Yes, you must file Form CT-3M/4M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester. (mark an X in the appropriate box) Yes [X] No []

A. Pay amount shown on line 93. Make payable to: New York State Corporation Tax. Attach your payment here. Detach all check stubs. (See instructions for details.)

B. Federal return filed (you must mark an X in one): Attach a complete copy of your federal return.

Form 1120 [X] Form 1120-H [] Form 1120-REIT or Form 1120-RIC [] Consolidated basis [] Form 1120S [] Other: []

C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS. []

D. Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see Need help?).

E. Do you have an interest in, or have you rented, real property located in New York State? (mark an X in one box) Yes [] No [X]

If Yes, enter the county _____ and the value of such property or rent _____

F. Has there been a transfer or acquisition of controlling interest in the entity during the last 3 years? (mark one box) Yes [] No [X]

G. If you marked the Consolidated basis box in line B above, complete the following:

- 1. Number of corporations included in the federal consolidated group []
2. Total consolidated federal taxable income (FTI) before the net operating loss deduction (NOLD) []
3. If substantially all of the voting stock of this corporation is owned or controlled, directly or indirectly, by another corporation, give the name and EIN of that corporation below.

Legal name of corporation [] EIN []

H. Do you have an interest in any partnerships? (mark an X in the appropriate box) Yes [] No [X]

I. Did you include a disregarded entity in this return? (mark an X in the appropriate box) Yes [] No [X]

If Yes, enter the name and EIN below. If more than one, attach list with names and EINs.

Legal name of disregarded entity [] EIN []



Computation of entire net income (ENI) base (see instructions)

1	FTI before net operating loss (NOL) and special deductions	1	286,691.
2	Interest on federal, state, municipal, and other obligations not included on line 1 (see instructions)	2	
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock	3	
4a	Interest deductions directly attributable to subsidiary capital	4a	
4b	Noninterest deductions directly attributable to subsidiary capital	4b	
5a	Interest deductions indirectly attributable to subsidiary capital	5a	
5b	Noninterest deductions indirectly attributable to subsidiary capital	5b	
6	New York State and other state and local taxes deducted on your federal return (see instructions)	6	28,829.
7	Federal depreciation from Form CT-399, if applicable (see instructions)	7	
8	Other additions (see instructions) • IRC Section 199 deduction:	8	
9	Add lines 1 through 8	9	315,520.
10	Income from subsidiary capital (from Form CT-3-ATT, line 26)	10	Stmt 1
11	Fifty percent of dividends from nonsubsidiary corporations (see instr.)	11	
12	Foreign dividends gross-up not included on lines 10 and 11	12	
13	New York NOLD (attach federal and New York State computations)	13	
14	Allowable New York State depreciation from Form CT-399, if applicable (see instr.)	14	
15	Other subtractions (see instr.) S-13 •	15	
16	Total subtractions (add lines 10 through 15)	16	
17	ENI (subtract line 16 from line 9; show loss with a minus (-) sign; enter here and on line 42)	17	315,520.
18	Investment income before allocation (from Form CT-3-ATT, line 22, but not more than line 17 above)	18	
19	Business income before allocation (subtract line 18 from line 17)	19	315,520.
20	Allocated investment income (multiply line 18 by • % from Form CT-3-ATT, line 5)	20	
21	Allocated business income (multiply line 19 by • 100.0000 % from line 119, 121, or 141)	21	315,520.
22	Total allocated income (add lines 20 and 21)	22	315,520.
23	Optional depreciation adjustments (attach Form CT-324; enter here and on line 69)	23	
24	ENI base (line 22 plus or minus line 23)	24	315,520.
25	ENI base tax (multiply line 24 by the appropriate rate from the Tax rates schedule in Form CT-3/4-1; enter here and on line 72)	25	20,662.

Computation of capital base (enter whole dollars for lines 26 through 31; see instructions)

		A Beginning of year	B End of year	C Average value
26	Total assets from federal return	263,223.	484,462.	373,843.
27	Real property and marketable securities included on line 26			
28	Subtract line 27 from line 26	263,223.	484,462.	373,843.
29	Real property and marketable securities at fair market value			
30	Adjusted total assets (add lines 28 and 29)	263,223.	484,462.	373,843.
31	Total liabilities	31,871.	40,801.	36,336.
32	Total capital (subtract line 31, column C, from line 30, column C)			337,507.
33	Subsidiary capital (from Form CT-3-ATT, line 28; if none, enter 0)			
34	Business and investment capital (subtract line 33 from line 32)			337,507.
35	Investment capital (from Form CT-3-ATT, line 7, column E; if none, enter 0)			
36	Business capital (subtract line 35 from line 34)			337,507.
37	Allocated investment capital (multiply line 35 by • % from Form CT-3-ATT, line 5)			
38	Allocated business capital (multiply line 36 by • 100.0000 % from line 119, 121, or 141)			337,507.
39	Capital base (add lines 37 and 38)			337,507.
40	Capital base tax (see instructions)			506.
41	Issuer's allocation percentage (see instructions)		100.0000 %	

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Computation of minimum taxable income (MTI) base

42	ENI from line 17.	42	315,520.
Adjustments (see instructions)			
43	Depreciation of tangible property placed in service after 1986 (see instructions)	43	-354.
44	Amortization of mining exploration and development costs paid or incurred after 1986.	44	
45	Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only)	45	
46	Basis adjustments in determining gain or loss from sale or exchange of property	46	
47	Long term contracts entered into after February 28, 1986.	47	
48	Installment sales of certain property	48	
49	Merchant marine capital construction funds	49	
50	Passive activity loss (closely held and personal service corporations only)	50	
51	Add lines 42 through 50.	51	315,166.
Tax preference items (see instructions)			
52	Depletion	52	
53			
54	Intangible drilling costs	54	
55	Add lines 51 through 54	55	315,166.
56	New York NOLD from line 13	56	
57	Add lines 55 and 56	57	315,166.
58	Alternative net operating loss deduction (ANOLD) (see instructions)	58	
59	MTI (subtract line 58 from line 57)	59	315,166.
60	Investment income before apportioned NOLD (add line 18 and Form CT-3-ATT, line 21)	60	
61	Investment income not included in ENI but included in MTI	61	
62	Investment income before apportioned ANOLD (add lines 60 and 61)	62	
63	Apportioned New York ANOLD (see instructions)	63	
64	Alternative investment income before allocation (subtract line 63 from line 62)	64	
65	Alternative business income before allocation (subtract line 64 from line 59)	65	315,166.
66	Allocated alternative business income (multiply line 65 by <input type="text"/> % from line 119, 121, or 161)	66	
67	Allocated alternative investment income (multiply line 64 by <input type="text"/> % from Form CT-3-ATT, line 5)	67	
68	Allocated MTI (add lines 66 and 67)	68	
69	Optional depreciation adjustments from line 23	69	
70	MTI base (line 68 plus or minus line 69)	70	
71	Tax on MTI base (multiply line 70 by appropriate rate; see instructions)	71	

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Computation of tax

72	Tax on ENI base from line 25	72	20,662.
73	Tax on capital base from line 40 (see instructions) New small business: First year <input type="checkbox"/> Second year <input type="checkbox"/>	73	506.
You must enter an amount on line 74a below; if none, enter 0.			
74a	New York receipts (see instructions)	74a	571,360.
74b	Fixed dollar minimum tax (see instructions)	74b	500.
75	Amount from line 71, 72, 73, or 74b, whichever is largest (see instructions for exception)	75	20,662.
76	Subsidiary capital base from Form CT-3-ATT, line 31	76	
77	Subsidiary capital base tax from Form CT-3-ATT, line 32	77	
78	Tax due before credits (add lines 75 and 77)	78	20,662.
79	Tax credits (see instructions)	79	
80	Balance (subtract line 79 from line 78; if line 79 is more than line 78, enter 0)	80	20,662.
81	Amount from line 71 or 74b, whichever is larger	81	500.
82	Tax due (see instructions)	82	20,662.
First installment of estimated tax for next period:			
83a	If you filed a request for extension, enter amount from Form CT-5, line 2	83a	5,308.
83b	If you did not file Form CT-5 and line 82 is over \$1,000, see instructions	83b	
84	Add line 82 and line 83a or 83b	84	25,970.
85	Total prepayments from line 106	85	26,538.
86	Balance (subtract line 85 from line 84; if line 85 is more than line 84, enter 0)	86	
87	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	87	
88	Interest on late payment (see instructions)	88	
89	Late filing and late payment penalties (see instructions)	89	
90	Balance (add lines 86 through 89)	90	
Voluntary gifts/contributions (see instructions):			
91a	Amount for Return a Gift to Wildlife	91a	
91b	Amount for Breast Cancer Research and Education Fund	91b	
91c	Amount for Prostate Cancer Research, Detection, and Education Fund	91c	
91d	Amount for 9/11 Memorial	91d	
91e	Amount for Volunteer Firefighting & EMS Recruitment Fund	91e	
92	Total (add lines 84, 87, 88, 89, and 91a through 91e)	92	25,970.
93	Balance due (If line 85 is less than line 92, subtract line 85 from line 92 and enter here. This is the amount due; enter the payment amount on line A on page 1)	93	
94	Overpayment (If line 85 is more than line 92, subtract line 92 from line 85. This is your overpayment; enter here and see instructions)	94	568.
95	Amount of overpayment to be credited to next period	95	568.
96	Balance of overpayment (subtract line 95 from line 94)	96	
97	Amount of overpayment to be credited to Form CT-3M/4M	97	
98	Refund of overpayment (subtract line 97 from line 96)	98	
99a	Refund of unused tax credits (see instructions and attach appropriate forms)	99a	
99b	Tax credits to be credited as an overpayment to next year's return (see instructions and attach appropriate forms)	99b	

(continued)

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Summary of credits claimed on line 79 against current year's franchise tax (see instructions for lines 79, 99a, 99b, 100a, and 100b)

Form CT-38, line 28	<input type="text"/>	Form CT-248	<input type="text"/>	Form CT-611.1	<input type="text"/>
Form CT-40	<input type="text"/>	Form CT-249	<input type="text"/>	Form CT-612	<input type="text"/>
Form CT-41	<input type="text"/>	Form CT-250	<input type="text"/>	Form CT-613	<input type="text"/>
Form CT-43	<input type="text"/>	Form CT-259	<input type="text"/>	Form CT-631	<input type="text"/>
Form CT-44	<input type="text"/>	Form CT-261	<input type="text"/>	Form CT-633	<input type="text"/>
Form CT-46	<input type="text"/>	Form CT-601	<input type="text"/>	Form CT-634	<input type="text"/>
Form CT-47	<input type="text"/>	Form CT-601.1	<input type="text"/>	Form CT-635	<input type="text"/>
Form CT-236	<input type="text"/>	Form CT-602	<input type="text"/>	Servicing mortgages credit	<input type="text"/>
Form CT-238	<input type="text"/>	Form CT-603	<input type="text"/>	Form DTF-619	<input type="text"/>
Form CT-239	<input type="text"/>	Form CT-604	<input type="text"/>	Form DTF-621	<input type="text"/>
Form CT-241	<input type="text"/>	Form CT-605	<input type="text"/>	Form DTF-622	<input type="text"/>
Form CT-242	<input type="text"/>	Form CT-606	<input type="text"/>	Form DTF-624	<input type="text"/>
Form CT-243	<input type="text"/>	Form CT-607	<input type="text"/>	Form DTF-630	<input type="text"/>
Form CT-246	<input type="text"/>	Form CT-611	<input type="text"/>	Other credits	<input type="text"/>

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

100a Total tax credits claimed above (enter here and on line 79; attach form or statement for each tax credit claimed)	<input type="text"/>	100a	<input type="text"/>
100b Total tax credits above that are refund eligible (see instructions)	<input type="text"/>	100b	<input type="text"/>

Composition of prepayments on line 85 (see instructions)

	Date paid	Amount
101 Mandatory first installment	101	2,686.
102a Second installment from Form CT-400	102a	NONE
102b Third installment from Form CT-400	102b 08-21-12	4,000.
102c Fourth installment from Form CT-400	102c 09-13-12	4,000.
103 Payment with extension request from Form CT-5, line 5	103	14,564.
104 Overpayment credited from prior years	<input type="text"/> 104	1,288.
105 Overpayment credited from Form CT-3M/4M	<input type="text"/> 105	
106 Total prepayments (add lines 101 through 105; enter here and on line 85)	106	26,538.

107 If you are a member of an affiliated federal group, enter primary corporation name and EIN:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

If you are more than 50% owned by another corporation, enter parent corporation name and EIN:

<input type="text"/>	<input type="text"/>
----------------------	----------------------



Interest paid to shareholders

108 Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? <i>(mark an X in the appropriate box)</i> If Yes, complete the following and line 109 <i>(attach additional sheets if necessary)</i>			108	Yes • <input type="checkbox"/> No • <input checked="" type="checkbox"/>
Shareholder's name	SSN or EIN			
Interest paid to shareholder	Total indebtedness to shareholder described above	• Total interest paid		
109 Is there written evidence of the indebtedness? <i>(mark an X in the appropriate box)</i>			109	Yes • <input type="checkbox"/> No • <input checked="" type="checkbox"/>
110 Interest deducted in computing FTI on line 1 of this form			110	
111 If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years			111	

Schedule A, Part 1 - Computation of business allocation percentage for aviation corporations

		A New York State	B Everywhere	
112a Revenue aircraft arrivals and departures	• 112a			
112b Adjustment per Tax Law, Article 9-A, section 210.3(a)(7)(A)	• 112b	.60		
112c Adjusted NYS revenue aircraft arrivals and departures <i>(multiply line 112a, column A, by line 112b)</i>	• 112c			
113 New York State percentage <i>(divide line 112c by line 112a, column B)</i>	• 113			%
114a Revenue tons handled	• 114a			
114b Adjustment per Tax Law section 210.3(a)(7)(A)	• 114b	.60		
114c Adjusted NYS revenue tons handled <i>(multiply line 114a, column A, by line 114b)</i>	• 114c			
115 New York State percentage <i>(divide line 114c by line 114a, column B)</i>	• 115			%
116a Originating revenue	• 116a			
116b Adjustment per Tax Law section 210.3(a)(7)(A)	• 116b	.60		
116c Adjusted NYS originating revenue <i>(multiply line 116a, column A, by line 116b)</i>	• 116c			
117 New York State percentage <i>(divide line 116c by line 116a, column B)</i>	• 117			%
118 Total <i>(add lines 113, 115, and 117)</i>	• 118			%
119 New York business allocation percentage <i>(divide line 118 by three; use to compute lines 21, 38, and 66, and Form CT-38, line 6)</i>	• 119			%

Schedule A, Part 2 - Computation of business allocation percentage for trucking and railroad corporations

		A New York State	B Everywhere	
120 Revenue miles	• 120			
121 New York State business allocation percentage <i>(divide line 120, column A, by line 120, column B; use to compute lines 21, 38, and 66, and Form CT-38, line 6)</i>	• 121			%

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Schedule A, Part 3 - Computation of business allocation percentage (see instructions)

Number of New York State employees •

Wages paid to New York State employees (see line 138 instructions) •

Are you principally engaged in the activity of an air freight forwarder acting as principal or like indirect air carrier, or are you a qualified foreign air carrier? (mark an X in the appropriate box) Yes • No •

If No, complete **only** lines 129 through 136 and enter on line 141 the receipts factor computed on line 136. The receipts factor is the business allocation percentage.

Average value of property (see instructions)		A New York State	B Everywhere
122	Real estate owned	•	
123	Real estate rented	•	
124	Inventories owned	•	
125	Tangible personal property owned	•	
126	Tangible personal property rented	•	
127	Total (add lines 122 through 126)	•	
128	New York State property factor (divide line 127, column A, by line 127, column B)	•	128 %

Receipts in the regular course of business from:

129	Sales of tangible personal property allocated to New York State	•	
130	All sales of tangible personal property	•	
131	Services performed	•	
132	Rentals of property	•	
133	Royalties	•	
134	Other business receipts	•	
135	Total (add lines 129 through 134)	•	
136	New York State receipts factor (divide line 135, column A, by line 135, column B)	•	136 %
137	New York State additional receipts factor (see instructions)	•	137 %

Payroll

138	Wages and other compensation of employees, except general executive officers	•	
139	New York State payroll factor (divide line 138, column A, by line 138, column B)	•	139 %
140	Total New York State factors (add lines 128, 136, 137, and 139)	•	140 %
141	New York State business allocation percentage (see instructions)	•	141 100.0000 %

Schedule A, Part 4 - Computation of alternative business allocation percentage for MTI base (see instructions)

If you are **not** an air freight forwarder acting as principal or like indirect air carrier, or a qualified foreign air carrier, complete **only** lines 149 through 156 and enter on line 161 the receipts factor computed on line 156. The receipts factor is the alternative business allocation percentage.

Average value of property (see instructions)		A - New York State	B - Everywhere
142	Real estate owned	•	
143	Real estate rented	•	
144	Inventories owned	•	
145	Tangible personal property owned	•	
146	Tangible personal property rented	•	
147	Total (add lines 142 through 146)	•	
148	New York State property factor (divide line 147, column A, by line 147, column B)	•	148 %

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Receipts in the regular course of business from:

149 Sales of tangible personal property allocated to New York State	149		
150 All sales of tangible personal property	150		
151 Services performed	151		
152 Rentals of property	152		
153 Royalties	153		
154 Other business receipts	154		
155 Total (add lines 149 through 154)	155		
156 New York State receipts factor (divide line 155, column A, by line 155, column B)	156		%
157 New York State additional receipts factor (see instructions)	157		%

Payroll

158 Wages and other compensation of employees, except general executive officers	158		
159 New York State payroll factor (divide line 158, column A, by line 158, column B)	159		%
160 Total New York State factors (add lines 148, 156, 157, and 159)	160		%
161 Alternative business allocation percentage (see instructions)	161		%
162 Are you claiming small business taxpayer status for lower ENI tax rates? (see Small business taxpayer definition in the line 25 instructions of Form CT-3/4-I; mark an X in the appropriate box)	162	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
163 If you marked Yes on line 162, enter total capital contributions (see worksheet in instructions)	163		
164 Are you claiming qualified New York manufacturer status for lower capital base tax limitation? (see instructions; mark an X in the appropriate box)	164	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
165 Are you claiming qualified New York manufacturer status for lower ENI tax rates? (see instructions; mark an X in the appropriate box)	165	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
166 Are you claiming eligible qualified New York manufacturer status for lower tax rates? (see instructions; mark an X in the appropriate box)	166	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: _____

Net operating loss (NOL) carryback Capital loss carryback

Federal return filed Form 1139 Form 1120X

Net operating loss (NOL) information

New York State NOL carryover total available for use this tax year from all prior tax years	
Federal NOL carryover total available for use this tax year from all prior tax years	
New York State NOL carryforward total for future tax years	
Federal NOL carryforward total for future tax years	

Corporations organized outside New York State: Complete the following for capital stock issued and outstanding.

Number of par shares	Value	Number of no-par shares	Value
	\$		\$
Third - party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) DANIELLE HLATKY	Designee's phone number PIN 3264
Designee's e-mail address			

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

Authorized Person	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Telephone number	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC	Firm's EIN 26-4268100	Preparer's PTIN or SSN P01403210
	Signature of individual preparing this return	Address 195 KOSCIUSZKO ST BROOKLYN NY 11216	
	E-mail address of individual preparing this return	Preparer's NYTPRIN 11419808	Date

See instructions for where to file.

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Schedules B, C, and D - Attachment to Form CT-3

General Business Corporation Franchise Tax Return

Legal name of corporation OPEN SOURCE MATTERS, INC	Employer identification number (EIN) 76-0803008
-------------------------------------------------------	----------------------------------------------------

Attach to Form CT-3, *General Business Corporation Franchise Tax Return*.

Schedule B, Part 1 - Computation of investment capital and investment allocation percentage

Attach separate sheets if necessary, displaying this information formatted as below.

Section 1 - Corporate and governmental debt instruments

Description of investment (*identify each debt instrument and its date of maturity here; for each debt instrument complete columns C through G on the corresponding lines below*)

Item	A - Debt instrument				B - Maturity date
A					
B					
Item	C Average value	D Liabilities directly or indirectly attributable to investment capital	E Net average value (column C - column D)	F Issuer's allocation %	G Value allocated to New York State (column E x column F)
A					
B					
Amounts from attached list					
Totals of Section 1					
1					

Section 2 - Corporate stock, stock rights, stock warrants, and stock options

Description of investment (*identify each investment and enter number of shares here; for each investment complete columns C through G on the corresponding lines below*)

Item	A - Investment				B - Number of shares
A					
B					
Item	C Average value	D Liabilities directly or indirectly attributable to investment capital	E Net average value (column C - column D)	F Issuer's allocation %	G Value allocated to New York State (column E x column F)
A					
B					
Amounts from attached list					
Totals of Section 2					
2					
Totals of Section 1 (from line 1)					
3					
Totals (add lines 2 and 3 in columns C, D, E, and G)					
4					
Investment allocation percentage without the addition of cash (<i>divide line 4, column G, by line 4, column E</i>). Use to compute Form CT-3, lines 20, 37, and 67; and Form CT-38, line 7					5 %
Cash (optional)					
6					
Investment capital (<i>add lines 4 and 6 in columns C, D, and E</i>). Enter column E total on Form CT-3, line 35					
7					



Schedule B, Part 2 - Computation of investment income before allocation (see instructions)

8	Interest income from investment capital in Part 1, Section 1	•	8
9	Interest income from bank accounts (if line 5 is zero, enter 0 here)	•	9
10	All other interest income from investment capital	•	10
11	Dividend income from investment capital	•	11
12	Net capital gain or loss from investment capital	•	12
13	Investment income other than interest, dividends, capital gains, or capital losses	•	13
14	Total investment income (add lines 8 through 13)	•	14
15	Interest deductions directly attributable to investment capital	•	15
16	Noninterest deductions directly attributable to investment capital	•	16
17	Interest deductions indirectly attributable to investment capital	•	17
18	Noninterest deductions indirectly attributable to investment capital	•	18
19	Total deductions (add lines 15 through 18)	•	19
20	Balance (subtract line 19 from line 14)	•	20
21	Apportioned New York net operating loss deduction (NOLD)	•	21
22	Investment income before allocation (subtract line 21 from line 20; enter here and on Form CT-3, line 18)	•	22

Schedule C, Part 1 - Income from subsidiary capital

23	Interest from subsidiary capital (attach list)	•	23
24	Dividends from subsidiary capital (attach list)	•	24
25	Capital gains from subsidiary capital (see instructions; attach list)	•	25
26	Total (add lines 23 through 25; enter here and on Form CT-3, line 10)	•	26

Schedule C, Part 2 - Computation and allocation of subsidiary capital base and tax

Include all corporations, except a DISC, in which you own more than 50% of the voting stock. Attach separate sheets if necessary, displaying this information formatted as below.

A - Description of subsidiary capital (list the name of each corporation and the EIN here; for each corporation complete columns B through G on the corresponding lines below)

Item	Name					EIN
A						
B						
C						
A Item	B % of voting stock owned	C Average value	D Liabilities directly or indirectly attributable to investment capital	E Net average value (column C - column D)	F Issuer's allocation %	G Value allocated to New York State (column E x column F)
A						
B						
C						
Amounts from attached list . . .						

27	Totals (add amounts in columns C and D)	•	27
28	Total net average value of subsidiary capital (add amounts in column E; enter here and on Form CT-3, line 33)	•	28
29	Subsidiary capital base before deduction (add amounts in column G)	•	29
30	Value of subsidiary capital included in column G of subsidiaries taxable under Tax Law Article 32; Article 33; or Article 9, section 186	•	30
31	Subsidiary capital base (subtract line 30 from line 29; enter here and on Form CT-3, line 76)	•	31
32	Subsidiary capital base tax (multiply line 31 by .0009; enter here, on Form CT-3, line 77, and on Form CT-38, line 25)	•	32

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Qualified public utilities: use Schedule D, Part 1 to compute the adjustment for entire net income (ENI).
Transferees: use lines 40, 41, and 43 only to compute the adjustment for ENI.

Schedule D, Part 1 - Adjustments for qualified public utilities and transferees

Other additions		
33	Federal depreciation deduction for transition property (see instructions)	33
34	Federal loss on the sale of transition property (see instructions)	34
35	New York gain on the sale of transition property (see instructions)	35
36	Add lines 33, 34, and 35 (enter here and include on Form CT-3, line 8)	36
Other subtractions		
37	New York depreciation deduction for transition property (see instructions)	37
38	New York loss on the sale of transition property (see instructions)	38
39	Federal gain on the sale of transition property (see instructions)	39
40	Transition property basis adjustment carryover to gain transactions	40
41	Transition property basis adjustment carryover to loss transactions	41
42	New York regulatory asset deduction	42
43	Add lines 37 through 42 (enter here and include on Form CT-3, line 15)	43

Qualified power producers or qualified pipeline corporations: use Schedule D, Part 2 if you claim a depreciation deduction on transition property for federal income tax purposes.

Schedule D, Part 2 - Adjustments for qualified power producers and qualified pipeline corporations

Other additions		
44	Federal depreciation deduction for transition property (see instructions; enter here and include on Form CT-3, line 8).	44
Other subtractions		
45	New York depreciation deduction for transition property (see instructions; enter here and include on Form CT-3, line 15)	45



New York CT-3, Page 2 Detail

Line 13 - NOL Carryover

Carryover generated in tax year 2009 8,933.

NOL utilized in 2010 8,933.

Total NOL utilized 8,933.

NOL carried forward to 2013 NONE

Total NOL carried forward to 2013

CT-3M/4M General Business Corporation MTA Surcharge Return

New York State Department of Taxation and Finance

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

All filers must enter tax period:

Amended return

beginning ending

Employer identification number 76-0803008	File number AA9	Business telephone number 347-425-9397	If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/>
Legal name of corporation OPEN SOURCE MATTERS, INC		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation NEW YORK	Date received (for Tax Department use only)
Number and street or PO box PO BOX 4668 #88354		Date of incorporation 01-01-05	
City NEW YORK	State ZIP code NY 10163-4668	Foreign corporations: date began business in NYS	

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information in Form CT-1*.

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), you must file this form. If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-3, CT-3-A, or CT-4. The **MCTD includes** the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.

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

Computation of MTA surcharge

1 Net New York State franchise tax (see Form CT-3M/4M-I, Instructions for Form CT-3M/4M)	1	28,397.
2 MCTD allocation percentage from line 35, line 43, or line 45	2	100.0000 %
3 Allocated franchise tax (multiply line 1 by line 2)	3	28,397.
4 MTA surcharge (multiply line 3 by 17% (.17))	4	4,827.

First installment of estimated tax for next period:

5a If you filed a request for extension, enter amount from Form CT-5, line 7, or CT-5.3, line 10	5a	1,238.
5b If you did not file Form CT-5 or CT-5.3, see instructions	5b	
6 Add lines 4 and line 5a or 5b	6	6,065.
7 Total prepayments from line 52	7	6,188.
8 Balance (if line 7 is less than line 6, subtract line 7 from line 6)	8	
9 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)	9	
10 Interest on late payment (see instructions for Form CT-3, CT-3-A, or CT-4)	10	
11 Late filing and late payment penalties (see instructions for Form CT-3, CT-3-A, or CT-4)	11	
12 Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above)	12	
13 Overpayment (if line 6 is less than line 7, subtract line 6 from line 7; enter here and see instructions)	13	123.
14 Amount of overpayment to be credited to New York State franchise tax	14	
15 Amount of overpayment to be credited to MTA surcharge for next period	15	123.
16 Amount of overpayment to be refunded	16	

Schedule A - Computation of MCTD allocation percentage

Schedule A, Part 1 - MCTD allocation (see instructions)		A	B
Average value of property (see instructions)		MCTD	New York State
17 Real estate owned	17		
18 Real estate rented	18		
19 Inventories owned	19		
20 Tangible personal property owned	20		
21 Tangible personal property rented	21		
22 Total (add lines 17 through 21)	22		
23 MCTD property factor (divide line 22, column A, by line 22, column B)	23		%

(continued)

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Receipts in the regular course of business from:

24	Sales of tangible personal property allocated to the MCTD	24		
25	Sales of tangible personal property allocated to New York State	25		
26	Services performed	26		
27	Rentals of property	27		
28	Royalties	28		
29	Other business receipts	29		
30	Total (add lines 24 through 29)	30		
31	MCTD receipts factor (divide line 30, column A, by line 30, column B)	31		%
32	Payroll - Wages and other compensation of employees except general executive officers	32		
33	MCTD payroll factor (divide line 32, column A, by line 32, column B)	33		%
34	Total MCTD factors (add lines 23, 31, and 33)	34		%
35	MCTD allocation percentage (divide line 34 by three or by the number of factors; enter here and on line 2)	35	100.0000	%

Schedule A, Part 2 - Computation of MCTD allocation for aviation corporations (see instructions)

	A MCTD	B New York State
36	Revenue aircraft arrivals and departures	36
37	MCTD percentage (divide line 36, column A, by line 36, column B)	37
38	Revenue tons handled	38
39	MCTD percentage (divide line 38, column A, by line 38, column B)	39
40	Originating revenue	40
41	MCTD percentage (divide line 40, column A, by line 40, column B)	41
42	Total (add lines 37, 39, and 41)	42
43	MCTD allocation percentage (divide line 42 by three; enter here and on line 2)	43

Schedule A, Part 3 - Computation of MCTD allocation for trucking and railroad corporations (see instructions)

	A MCTD	B New York State
44	Revenue miles	44
45	MCTD allocation percentage (divide line 44, column A, by line 44, column B; enter here and on line 2)	45

Composition of prepayments claimed on line 7 (see instructions)

	Date paid	Amount
46	Mandatory first installment	562.
47a	Second installment from Form CT-400	
47b	Third installment from Form CT-400	
47c	Fourth installment from Form CT-400	
48	Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	3,378.
49	Overpayment credited from prior years	2,248.
50	Add lines 46 through 49	6,188.
51	Overpayment credited from Form CT- _____ Period _____	
52	Total prepayments (add lines 50 and 51; enter here and on line 7)	6,188.

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

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

Authorized Person	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person		Telephone number Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) PIPIA COHEN HLATKY LLC	Firm's EIN 26-4268100	Preparer's PTIN or SSN P01403210
	Signature of individual preparing this return	Address 195 KOSCIUSZKO ST BROOKLYN NY 11216	
	E-mail address of individual preparing this return	Preparer's NYTPRN 11419808	Date

See instructions for where to file.



State Tax Summary

States	Income	Franchise	Other
Nebraska			
Tax Liability			
Balance Due			
Overpayment			
Amount Refunded			
New Hampshire			
Tax Liability			
Balance Due			
Overpayment			
Amount Refunded			
New Jersey			
Tax Liability			
Balance Due			
Overpayment			
Amount Refunded			
New Mexico			
Tax Liability			
Balance Due			
Overpayment			
Amount Refunded			
New York			
Tax Liability	25,489.		
Balance Due			
Overpayment	691.		
Amount Refunded			
New York Bank			
Tax Liability			
Balance Due			
Overpayment			
Amount Refunded			
North Carolina			
Tax Liability			
Balance Due			
Overpayment			
Amount Refunded			
North Dakota			
Tax Liability			
Balance Due			
Overpayment			
Amount Refunded			
Ohio			
Tax Liability			
Balance Due			
Overpayment			
Amount Refunded			

OPEN SOURCE MATTERS, INC
 State Management Report
 For the Calendar Year Ending 2012

N.Y. Franchise

Federal Taxable Income	286,691.
Modifications - Additions	28,829.
- Subtractions	
Allocable Income - Everywhere	
Income Subject to Apportionment	315,520.
Apportionment Factor	100.0000
Property	
Payroll	
Sales	
Apportionment Income - State	315,520.
Allocable Income - Within	
State Income before Adjustments	315,520.
Apportioned Income Adjustments	
State Taxable Income	315,520.
Tax Rate	VAR
Total Tax	25,489.
Less - Credits	
- Payments	26,180.
Additions to Tax	
Tax Due	
Tax Overpaid	691.