| CHAR500  | Annual Filing for Charitable Organizations   |  |                         |                                       |                  |  |
|--|--|--|-------------------------|---------------------------------------|------------------|--|
| Online   | New York State Office of the Attorney General<br>Charities Bureau - Registration Section<br>28 Liberty Street Open to Public<br>Inspection |  |                         |                                       |                  |  |
| For new annual filings,<br>and amendments                            | 28 Liberty Street<br>New York, NY 10005<br><u>charitiesnys.com</u>   |  |                         |                                       | inspection       |  |
|  |  |  | <b>Filter Verse 000</b> |                                       |                  |  |
| Filing Type: • New   | Filing O Am  | endment  | Filing Year: 202        | J                                     | -                |  |
| General Information  | 1  |  |                         |                                       |                  |  |
| Current Organization Name: Open Sou                                  |  | urce Matters, Inc  | Updated Nam             | e:                                    | N/A              |  |
| NY Registration Number: 40-39-53                                     |  |  | Registration C          | ategory:                              | DUAL             |  |
| Organization Type:   | Corporation  | I  | EIN:                    |                                       | 760803008        |  |
| Current Fiscal Year End:   | 12/31  |  | Updated Fiscal Year En  |                                       | <u>N/A</u>       |  |
| Organization Email:  | DANIELLE®  | PIPIACOHEN.COM   | Organization's Phone:   |                                       | 347-425-9397     |  |
| Tax Exempt Status:   | None   |  | Website:                |                                       | WWW.JOOMLA.ORG   |  |
| Organization Address   |  |  |                         |                                       |                  |  |
| Mailing Addr   | Mailing Address  |  | Principal Address       |                                       | NY State Address |  |
| PO BOX 4668 # 88354<br>NEW YORK<br>NY<br>10163-4668<br>UNITED STATES |  | PO BOX 4668 # 88354<br>NEW YORK<br>NY<br>10163-4668<br>UNITED STATES |                         | NA                                    |                  |  |
| Primary Contact Informat   | tion   |  |                         |                                       |                  |  |
| First Name: danielle   |  | Last Name: <u>hlatk</u>  | y                       |                                       | accountant       |  |
| Phone: <u>347-425-93</u>   | )7   | Email: danie   | elle@pipiacohen         | .com                                  |                  |  |
| Third Party Prepare  | r Informatio   | n  |                         |                                       |                  |  |
| First Name: Danielle   |  | Last Name: <u>Hlatky</u>   |                         |                                       | accountant       |  |
| Firm Name: pipia cohen hlatky llc                                    |  | Phone: <u>3474259397</u>   |                         | Email: <u>danielle@pipiacohen.com</u> |                  |  |
| Third Party Address  |  |  |                         |                                       |                  |  |
| Street: <u>195 kosciuszko</u>  | st   |  |                         |                                       |                  |  |
| City: <u>Brooklyn</u>  |  | State:   |                         |                                       |                  |  |
| Zip: <u>11216</u>  |  | Country:   | United States           |                                       |                  |  |

## **Registration Category**

- Does the organization conduct activity in New York State (other than soliciting) ? This may include, but is not limited to, maintaining an office, having employees or running a program.
   O Yes 

   No
- Does the organization have assets in New York State?
   Yes
   No
- 3. Is the organization incorporated or formed in New York State? O Yes O No N/A
- Does the organization solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?
   O Yes 

   No
- 5. Does the organization use a professional fundraiser or fundraising counsel?
  - OYes ⊙No

Based on your responses to the above questions, this organization's registration category has been updated to EPTL

The updated registration category will go into effect when your filing has been processed.

# **Exemption Qualifications**

1. Is the organization a government agency, controlled by a government agency, or the U.S. Congress or New York State Legislature?

OYes ONo N/A

- 2. Was the organization formed for religious purposes? O Yes O No  $\ N/A$
- 3. Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the New York State Education Department?
  - OYes ONo N/A
- Is the organization a library that files annual financial reports with the New York State Department of Education?
   O Yes
   O No
   N/A
- 5. Does the organization receive substantially all of its contributions from a single government agency to which it submits annual financial reports?
  - OYes ONo N/A
- Is the organization's gross contributions from all other New York sources \$25,000 or less and it will remain below that?
   OYes
   ONO
   N/A
- Does the organization receive funding from a federated fund, United Way, or incorporated community appeal?
   O Yes
   O No
   N/A
- 8. Is the organization's gross contributions from all other sources \$25,000 or less and will remain below that? O Yes O No N/A
- 9. Does the organization use or plan to use a professional fundraiser? O Yes O No  $\ N/A$
- Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the University of the State of New York or an agency with similar responsibilities in another state?
   OYes
   ONo
   N/A
- 11. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni, faculty, trustees and their families?

O Yes O No N/A

I

| 12. Is the organization incorporated/chartered under the New York State Education Law?<br>OYes ONo N/A   |     |
|--|-----|
| 13. Is the organization a law enforcement support organization that only solicit contributions from its members?   |     |
| OYes ONo N/A   |     |
| 14. Is organization a New York State volunteer firefighters or volunteer ambulance corps?  |     |
| OYes ONo N/A   |     |
| 15. Is the organization a hospital, skilled nursing facility, or diagnostic/treatment center?<br>Ο Yes Ο No N/A  |     |
| 16. Is organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxiliary of such   |     |
| organization whose fundraising is performed only by its members without direct or indirect compensation? OYes $O_{No}$ N/A   |     |
| 17. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York that solicits contributions only from its memberships? | (   |
| OYes ONO N/A<br>18. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York<br>OYes ONO N/A                        | ?   |
| 19. Is the organization a membership organization?   |     |
| OYes ONo N/A   |     |
| 20. Is the organization a membership organization that solicits contributions only from its members?<br>OYes ONo N/A   |     |
| 21. Is organization a cemetery corporation subject to Article 15 of the New York State Not-for-Profit Corporation Law?<br>OYes ONo N/A   |     |
| 22. Is the organization incorporated under Article 43 of the New York State Insurance Law?<br>OYes ONo N/A   |     |
| 23. Is the organization a police department, sheriff's department or other government law enforcement agency?<br>OYes ONo N/A  |     |
| Based on your responses to the exemption questions, this organization's registration category has been updated to  |     |
| <u>EPTL</u> The updated registration category will go into effect when your filing has been processed.   |     |
| Annual Exemptions  |     |
| Annual Exemptions  |     |
| 1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. un  | der |
| \$25,000 during the fiscal year?   |     |
| OYes ONo N/A   |     |
| 2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?   |     |
| OYes ONo N/A   |     |

3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?

OYes 

No

Based on your responses to annual exemption questions, this organization is required to file under <u>EPTL</u> during this fiscal year.

| Financial Information  |                              |  |                                 |  |
|--|------------------------------|--|---------------------------------|--|
| Which IRS form does your organizat                             | tion use? IRS990             | Organization's total rever   | nue: <u>134,861</u>             |  |
| Organization's total contributions:                            | 0                            | Organization's total assets: <u>N/A</u>  |                                 |  |
| Organization's net assets: 387,734                             |                              | Organization's total revenue N/A<br>and contributions:<br>Organization's total assets/ N/A |                                 |  |
| Organization's total liabilities: N/A                          |                              |  |                                 |  |
| Organization's total income:                                   | N/A                          | worth:   | S/ <u>IVA</u>                   |  |
| Is the organization required to file for OYes ONo N/A          | orm Schedule B - Schedule    | e of contributors - with the IR  | S?                              |  |
| For the current filing year, have you<br>□Closing □Withdrawing |                              | nplete any of the following w<br>Ione  | ith its Charities Registration? |  |
| Is this your final filing with New Yor                         | rk State? O <sub>Yes</sub> O | D <sub>No</sub> N/A  |                                 |  |
| Filing Information   |                              |  |                                 |  |
| Did the organization use a profession                          | onal fundraiser or fundrais  | ing counsel to solicit contribu  | itions in New York State?       |  |
| OYes ONo   |                              |  |                                 |  |
|  |                              |  |                                 |  |
| General Informa<br>Name of Firm: N/A                           |                              | Description of Services  | Description of Compensation N/A |  |
|  | Number: <u>N/A</u>           | / 11   | IV/ 21                          |  |
|  | rract End: N/A               |  |                                 |  |
| Amount Paid: N/A   | Phone : <u>N/A</u>           |  |                                 |  |
| Mailing Address: N/A   |                              |  |                                 |  |
|  |                              |  |                                 |  |
| Name of Firm: <u>N/A</u>                                       | N                            | I/A  | N/A                             |  |
| Type: <u>N/A</u> Registr                                       | ration ID: <u>N/A</u>        |  |                                 |  |
| Contract Start: <u>N/A</u> Contr                               | ract End: <u>N/A</u>         |  |                                 |  |
| Amount Paid: <u>N/A</u> Phone : <u>N/A</u>                     |                              |  |                                 |  |
|  | Phone : N/A                  |  |                                 |  |
| Mailing Address: N/A   | Phone : <u>N/A</u>           |  |                                 |  |
| Mailing Address: N/A   |                              | I/A  | N/A                             |  |
| Name of Firm: <u>N/A</u>                                       |                              | I/A  | N/A                             |  |
| Name of Firm: <u>N/A</u><br>Type: <u>N/A</u> Registr           | N                            | I/A  | N/A                             |  |
| Name of Firm: <u>N/A</u><br>Type: <u>N/A</u> Registr           | ration ID: <u>N/A</u>        | I/A  | N/A                             |  |

#### Did the organization receive government grants during this fiscal year?

#### OYes ONo

| Government Grant Agency | Grant Amount |
|-------------------------|--------------|
| N/A                     | N/A          |

#### Documents

Attached organization's required documents:

- ☑ IRS document
- Certified Public Accountant's Audit Report
- □ Certified Public Accountant's Review Report
- Complete Certificate of Amendment or other document amending the name
- □ Schedule B
- □ Other documents

### Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| Role                      | First Name  | Last Name | Email                           |            |
|---------------------------|---|-----------|---------------------------------|------------|
| President                 | ROBERT  | DEUTZ     | PRESIDENT@OPENSOURCEMATTERS.ORG |            |
| Treasurer                 | RADOSLAW  | SUSKI     | TREASURER@OPENSOURCEMATTERS.ORG |            |
| Signature of<br>President | DocuSigned by:<br>KOBERT DEUTE<br>4B9035F256764BF |           | Date:                           | 11/24/2021 |
| Signature of<br>Treasurer | DocuSigned by:<br>Subli<br>B03DC76BB19B4F3        |           | Date:                           | 11/29/2021 |
|                           |   |           |                                 |            |