

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) \$ 263,223.
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 Merchant card and third-party payments. For 2011, enter -0- 1a b Gross receipts or sales not reported on line 1a (see instructions) 1b 331,641. c Total. Add lines 1a and 1b 1c 331,641. d Returns and allowances plus any other adjustments (see instructions) 1d e Subtract line 1d from line 1c 1e 331,641.	
	2 Cost of goods sold from Form 1125-A, line 8 (attach Form 1125-A) 2 8,634. 3 Gross profit. Subtract line 2 from line 1e 3 323,007. 4 Dividends (Schedule C, line 19) 4 5 Interest 5 68. 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 schedule) 10 11 Total income. Add lines 3 through 10 11 323,075.	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers from Form 1125-E, line 4 (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 See Statement 1. 24,111. 18 Interest 18 19 Charitable contributions 19 20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) 20 812. 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 schedule) 26 See Statement 2. 152,121. 27 Total deductions. Add lines 12 through 26 27 177,044. 28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 28 146,031.	
Tax, Refundable Credits, and Payments	29a Net operating loss deduction (see instructions) 29a b Special deductions (Schedule C, line 20) 29b c Add lines 29a and 29b 29c 30 Taxable income. Subtract line 29c from line 28 (see instructions) 30 146,031. 31 Total tax (Schedule J, Part I, line 11) 31 40,202. 32 Total payments and refundable credits (Schedule J, Part II, line 21) 32 42,652. 33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 33 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 2,450. 36 Enter amount from line 35 you want: Credited to 2012 estimated tax ▶ 2,450. Refunded ▶ 36	

Sign Here ▶ 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.

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
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Paid	Print/Type preparer's name DANIELLE HLATKY	Preparer's signature	Date	Check <input checked="" type="checkbox"/> self-employed if PTIN <input type="checkbox"/>	PTIN P01403210
Preparer Use Only	Firm's name ▶ PIPIA COHEN HLATKY LLC	Firm's EIN ▶ 26-4268100	Firm's address ▶ 195 KOSCIUSZKO ST	Phone no.	347-425-9397
	BROOKLYN, NY 11216				

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)		40,202.
3	Alternative minimum tax (attach Form 4626)		NONE
4	Add lines 2 and 3		40,202.
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	40,202.
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 schedule)	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	40,202.

Part II - Payments and Refundable Credits

12	2010 overpayment credited to 2011	12	6,390.
13	2011 estimated tax payments	13	
14	2011 refund applied for on Form 4466	14	()
15	Combine lines 12, 13, and 14	15	6,390.
16	Tax deposited with Form 7004	16	36,262.
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	42,652.
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 3800, line 17c and Form 8827, line 8c	19c	
d	Other (attach schedule - 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	42,652.

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. ▶ 511130		
b	Business activity ▶ WEB BASED SOFTWARE M		
c	Product or service ▶ SOFTWARE RESOURCES		
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 2011 that would require it to file Forms(s) 1099 (see instructions)?

b If "Yes," did or will the corporation file all required Forms 1099?

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		97,741.		262,326.
2a Trade notes and accounts receivable	4,338.			
b Less allowance for bad debts	()	4,338.	()	
3 Inventories		8,634.		
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach schedule)				
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	(5,713.)	1,709.	(6,525.)	897.
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		112,422.		263,223.
Liabilities and Shareholders' Equity				
16 Accounts payable		17,470.		21,186.
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach schedule)	Stmnt 3			10,685.
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		94,952.		231,352.
26 Adjustments to shareholders' equity (attach schedule)				
27 Less cost of treasury stock		()		()
28 Total liabilities and shareholders' equity		112,422.		263,223.

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	136,400.	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books		Tax-exempt interest \$	
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 . \$		9 Add lines 7 and 8	
See Statement 4	9,631.	10 Income (page 1, line 28) - line 6 less line 9	146,031.
6 Add lines 1 through 5	146,031.		

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

1 Balance at beginning of year	94,952.	5 Distributions:	a Cash	
2 Net income (loss) per books	136,400.		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	231,352.	8 Balance at end of year (line 4 less line 7)		231,352.

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	146,031.
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	-406.
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	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	145,625.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	145,625.
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	145,625.
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	145,625.
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	NONE
b	Multiply line 8a by 25% (.25)	8b	NONE
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	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	105,625.
10	Multiply line 9 by 20% (.20)	10	21,125.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	21,125.
13	Regular tax liability before applying all credits except the foreign tax credit	13	40,202.
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

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	145,625.
2	ACE depreciation adjustment:		
a	AMT depreciation	2a	1,218.
b	ACE depreciation:		
	(1) Post-1993 property	2b(1)	1,218.
	(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)	1,218.
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	145,625.

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, and 1065-B.

Name OPEN SOURCE MATTERS, INC		Employer identification number 76-0803008
1	Inventory at beginning of year	1 8,634.
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach schedule).	4
5	Other costs (attach schedule).	5
6	Total. Add lines 1 through 5	6 8,634.
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8 8,634.
9a Check all methods used for valuing closing inventory:		
(i)	<input checked="" type="checkbox"/> Cost	
(ii)	<input type="checkbox"/> Lower of cost or market	
(iii)	<input type="checkbox"/> Other (Specify method used and attach explanation.) ▶	
b	Check if there was a writedown of subnormal goods	<input type="checkbox"/>
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970).	<input type="checkbox"/>
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO.	9d
e	If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Future Developments. The IRS has created a page on IRS.gov for information about Form 1125-A and its instructions at www.irs.gov/form1125a. Information about any future developments affecting Form 1125-A (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. If you are a qualifying taxpayer or a qualifying small business taxpayer (defined below),

you can adopt or change your accounting method to account for inventoriable items in the same manner as materials and supplies that are not incidental.

Under this accounting method inventory costs for raw materials purchased for use in producing finished goods and merchandise purchased for resale are deductible in the year the finished goods or merchandise are sold (but not before the year you paid for the raw materials or merchandise, if you are also using the cash method). For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on adopting or changing to this method of accounting, see Form 3115, Application for Change in Accounting Method, and its instructions

If you account for inventoriable items in the same manner as materials and supplies that are not incidental, you can currently deduct expenditures for direct labor and all indirect costs that would otherwise be included in inventory costs.

Qualifying taxpayer. A qualifying taxpayer is a taxpayer that, (a) for each prior tax year ending after December 16, 1998, has average annual gross receipts of \$1 million or less for the 3 prior tax years and (b) its business is not a tax shelter (as defined in section 448(d)(3)). See Rev. Proc. 2001-10, 2001-2 I.R.B. 272.

Qualifying small business taxpayer. A qualifying small business taxpayer is a taxpayer that, (a) for each prior tax year

ending on or after December 31, 2000, has average annual gross receipts of \$10 million or less for the 3 prior tax years, (b) whose principal business activity is not an ineligible activity, and (c) whose business is not a tax shelter (as defined in section 448(d)(3)). See Rev. Proc. 2002-28, 2002-18, I. R.B. 815.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property by a corporation for use in its trade or business or in an activity engaged in for property.

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

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 13 rows for Part I, including fields for maximum amount, total cost, threshold cost, reduction in limitation, and carryover of disallowed deduction.

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, including fields for special depreciation allowance, property subject to section 168(f)(1) election, and other depreciation (including ACRS).

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

Section A

Table with 2 rows for Section A, including fields for MACRS deductions for assets placed in service in tax years beginning before 2011 and general asset accounts.

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 7 rows (19a-g) for Section B, detailing classification, month/year placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

Table with 5 columns and 3 rows (20a-c) for Section C, detailing class life, month/year placed in service, recovery period, convention, method, and depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV, including fields for listed property amount, total amount, and 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?				Yes	No	24b If "Yes," is the evidence written?				Yes	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	Yes	No	Yes	No	Yes	No	Yes	No	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 2011 tax year (see instructions):					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2011 Depreciation

Description of Property															
General Depreciation and Amortization															
Asset description	Date placed in service	Unadjusted cost or basis	Bus. %	179 exp. reduc. in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Method	Con-vention	Life	ACRS class	MA CRS class	Current -yr 179 expense	Current-year depreciation
COMPUTER HARDWARE	12/07/2007	7,422.	100.			7,422.	5,713.	6,525.	200 DB	MQ			5		812.
Less: Retired Assets															
TOTALS		7,422.				7,422.	5,713.	6,525.							812.

*Assets Retired

2011 Depreciation

Description of Property															
General Depreciation and Amortization - GRAND TOTAL PROPERTY DETAIL															
Asset description	Date placed in service	Unadjusted cost or basis	Bus. %	179 exp. reduc. in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Method	Convention	Life	ACRS class	MACRS class	Current -yr 179 expense	Current-year depreciation
Other Than Listed Property															
Gross		7,422.				7,422.	5,713.	6,525.							812.
Less: Retired Assets															
Current Year Special Depreciation Allowance															
Sub Total:		7,422.				7,422.	5,713.	6,525.							812.
Gross Amounts		7,422.				7,422.	5,713.	6,525.							812.
Less: Retired Assets															
TOTALS		7,422.				7,422.	5,713.	6,525.							812.

*Assets Retired

Form 1120, Page 1 Detail

Line 17 - Tax Summary

Other state and local taxes	13,426.
Accrued state and local taxes	10,685.

Total	24,111.
	=====

Line 17 - Taxes and licenses

NY CITY CORP TAX	6,119.
NY STATE TAXES	7,307.
Accrued State Taxes for New York	10,660.
Accrued City Taxes for New York City	25.

Total	24,111.
	=====

Form 1120, Page 1 Detail

Line 26 - Summary of Travel, Meals and Entertainment

CONFERENCES, SEMINARS, SUMMITS AND EVENTS	47,304.

Total	47,304.
	=====

Line 26 - Other deductions

Travel, meals and entertainment	47,304.
BANK CHARGES	690.
LEGAL	12,195.
ACCOUNTING	21,795.
WEBSITE AND HOSTING EXPENSES	2,225.
OFFICE EXPENSES	657.
INSURANCE	1,100.
CONSULTING	8,542.
CONFERENCES AND SEMINARS- JOOMLA DAY EVENTS	4,010.
POSTAGE AND DELIVERY	18.
MARKETTING	51,463.
SUPPLIES	343.
LICENSES AND PERMITS	35.
MISC EXPENSES	1,744.

Total	152,121.
	=====

Form 1120, Page 5 Detail

=====

Sch L, Line 18 -
Other current liabilities

Beginning	Ending
-----	-----
	10,685.
-----	-----
	10,685.
=====	=====

Accrued State Taxes

Total

Form 1120, Page 5 Detail

=====

Sch M-1, Line 5 - Expenses recorded on books not deducted on return

FEDERAL CORP TAX	9,631.

Total	9,631.
	=====

General Business Corporation Franchise Tax Return

Tax Law - Article 9-A

See Form CT-3/4-1 before completing return.

All filers must enter tax period:

Final return Amended return beginning 01-01-11 ending 12-31-11

Employer identification number 76-0803008 File number 1 2 Business telephone number 347-425-9397

Legal name of corporation OPEN SOURCE MATTERS, INC Trade name/DBA

Mailing name (if different from legal name above) c/o Number and street or PO box PO BOX 4668 #88354 City NEW YORK State NY ZIP code 10163-4668

NAICS business code number (from federal return) 511130 If address/phone above is new, mark an X in the box

Principal business activity WEB BASED SOFTWARE M

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

Payment enclosed

Attach your payment here. Detach all check stubs. (See instructions for details.) A.

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

Form 1120 Consolidated basis X Form 1120-H Form 1120S Form 1120-REIT or Form 1120-RIC 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

If Yes, enter 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

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 employer identification number (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

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

1	FTI before net operating loss (NOL) and special deductions	• 1.	146,031.
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.	17,967.
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.	163,998.
	10 Income from subsidiary capital (from Form CT-3-ATT, line 26)	• 10.	
	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) Stmt 1	• 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.	163,998.
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.	163,998.
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.	163,998.
22	Total allocated income (add lines 20 and 21)	• 22.	163,998.
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.	163,998.
25	ENI base tax (multiply line 24 by the appropriate rate from the Tax rates schedule on page 6 of Form CT-3/4-I; enter here and on line 72)	• 25.	10,660.

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 • 26.	112,422. •	263,223. •	187,823.
27	Real property and marketable securities included on line 26 • 27.			
28	Subtract line 27 from line 26 • 28.	112,422. •	263,223. •	187,823.
29	Real property and marketable securities at fair market value • 29.			
30	Adjusted total assets (add lines 28 and 29) • 30.	112,422. •	263,223. •	187,823.
31	Total liabilities • 31.	17,470. •	31,871. •	24,671.
32	Total capital (subtract line 31, column C, from line 30, column C) • 32.			163,152.
33	Subsidiary capital (from Form CT-3-ATT, line 28; if none, enter 0) • 33.			
34	Business and investment capital (subtract line 33 from line 32) • 34.			163,152.
35	Investment capital (from Form CT-3-ATT, line 7, column E; if none, enter 0) • 35.			
36	Business capital (subtract line 35 from line 34) • 36.			163,152.
37	Allocated investment capital (multiply line 35 by • % from Form CT-3-ATT, line 5) • 37.			
38	Allocated business capital (multiply line 36 by • 100.0000 % from line 119, 121, or 141) • 38.			163,152.
39	Capital base (add lines 37 and 38) • 39.			163,152.
40	Capital base tax (see instructions) • 40.			245.
41	Issuer's allocation percentage (see instructions) • 41.	100.0000 %		



Computation of minimum taxable income (MTI) base

42 ENI from line 17 42. 163,998.

Adjustments (see instructions)

43 Depreciation of tangible property placed in service after 1986 (see instructions) ● 43. -406.
 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. 163,592.

Tax preference items (see instructions)

52 Depletion ● 52.
 53 Appreciated property charitable deduction ● 53.
 54 Intangible drilling costs ● 54.
 55 Add lines 51 through 54 55. 163,592.
 56 New York NOLD from line 13 ● 56.
 57 Add lines 55 and 56 ● 57. 163,592.
 58 Alternative net operating loss deduction (ANOLD) (see instructions) ● 58.
 59 MTI (subtract line 58 from line 57) ● 59. 163,592.
 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. 163,592.
 66 Allocated alternative business income (multiply line 65 by 100.0000 % from line 119, 121, or 161) ● 66. 163,592.
 67 Allocated alternative investment income (multiply line 64 by % from Form CT-3-ATT, line 5) ● 67.
 68 Allocated MTI (add lines 66 and 67) 68. 163,592.
 69 Optional depreciation adjustments from line 23 69.
 70 MTI base (line 68 plus or minus line 69) ● 70. 163,592.
 71 Tax on MTI base (multiply line 70 by 1.5% (.015)) ● 71. 2,454.

(continued)





Computation of tax

72	Tax on ENI base from line 25	• 72.	10,660.
73	Tax on capital base from line 40 <i>(see instructions)</i>		
	New small business:		
	First year •		
	Second year •	• 73.	245.

You must enter an amount on line 74a, below; if none, enter 0.

74a	New York receipts <i>(see instructions)</i>	• 74a.	331,641.
74b	Fixed dollar minimum tax <i>(see instructions)</i>	• 74b.	175.
75	Amount from line 71, 72, 73, or 74b, whichever is largest <i>(see instructions for exception)</i>	• 75.	10,660.
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 <i>(add lines 75 and 77)</i>	• 78.	10,660.
79	Tax credits <i>(see instructions)</i>	• 79.	
80	Balance <i>(subtract line 79 from line 78; if line 79 is more than line 78, enter 0)</i>	• 80.	10,660.
81	Amount from line 71 or 74b, whichever is larger	• 81.	2,454.
82	Tax due <i>(see instructions)</i>	■ 82.	10,660.

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.	2,686.
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.	13,346.
85	Total prepayments from line 106	• 85.	13,431.
86	Balance <i>(subtract line 85 from line 84; if line 85 is more than line 84, enter 0)</i>	86.	
87	Estimated tax penalty <i>(see instructions; mark an X in the box if Form CT-222 is attached)</i>	• 87.	
	88 Interest on late payment <i>(see instructions)</i>	• 88.	
	89 Late filing and late payment penalties <i>(see instructions)</i>	• 89.	
	90 Balance <i>(add lines 86 through 89)</i>	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 <i>(add lines 84, 87, 88, 89, and 91a through 91e)</i>	92.	13,346.
93	Balance due <i>(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)</i>	■ 93.	
94	Overpayment <i>(if line 85 is more than line 92, subtract line 92 from line 85. This is your overpayment; enter here and see instructions)</i>	94.	85.
95	Amount of overpayment to be credited to next period	■ 95.	85.
96	Balance of overpayment <i>(subtract line 95 from line 94)</i>	• 96.	
97	Amount of overpayment to be credited to Form CT-3M/4M	• 97.	
98	Refund of overpayment <i>(subtract line 97 from line 96)</i>	■ 98.	
99a	Refund of unused tax credits <i>(see instructions and attach appropriate forms)</i>	■ 99a.	
99b	Tax credits to be credited as an overpayment to next year's return <i>(see instructions and attach appropriate forms)</i>	■ 99b.	

(continued)





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 •
- Form CT-40 •
- Form CT-41 •
- Form CT-43 •
- Form CT-44 •
- Form CT-46 •
- Form CT-47 •
- Form CT-238 •
- Form CT-239 •
- Form CT-241 •
- Form CT-242 •
- Form CT-243 •
- Form CT-246 •
- Form CT-248 •
- Form CT-249 •
- Form CT-250 •
- Form CT-259 •
- Form CT-261 •
- Form CT-601 •
- Form CT-601.1 •
- Form CT-602 •
- Form CT-603 •
- Form CT-604 •
- Form CT-605 •
- Form CT-606 •
- Form CT-607 •
- Form CT-611 •
- Form CT-611.1 •
- Form CT-612 •
- Form CT-613 •
- Form CT-631 •
- Servicing mortgages credit •
- Form DTF-619 •
- Form DTF-621 •
- Form DTF-622 •
- Form DTF-624 •
- Form DTF-630 •
- Other credits •

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) • **100a.**
100b Total tax credits above that are refund eligible (see instructions) • **100b.**

Composition of prepayments on line 85 (see instructions)

	Date paid	Amount
101 Mandatory first installment	101.	1,375.
102a Second installment from Form CT-400	102a.	
102b Third installment from Form CT-400	102b.	
102c Fourth installment from Form CT-400	102c.	
103 Payment with extension request from Form CT-5, line 5	103.	9,188.
104 Overpayment credited from prior years	104.	2,868.
105 Overpayment credited from Form CT-3M/4M	105.	
106 Total prepayments (add lines 101 through 105; enter here and on line 85)	106.	13,431.

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

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





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? (mark an X in the appropriate box) If Yes, complete the following and line 109 (attach additional sheets if necessary)

108. Yes • No • X
SSN or EIN

Shareholder's name

Interest paid to shareholder Total indebtedness to shareholder described above Total interest paid

• •

109 Is there written evidence of the indebtedness? (mark an X in the appropriate box)

109. Yes • No • X

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

Table with columns for description, A (New York State), and B (Everywhere). Rows include 112a-c (Revenue aircraft arrivals and departures), 113 (New York State percentage), 114a-c (Revenue tons handled), 115 (New York State percentage), 116a-c (Originating revenue), 117 (New York State percentage), 118 (Total), and 119 (New York business allocation percentage).

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

Table with columns for description, A (New York State), and B (Everywhere). Rows include 120 (Revenue miles) and 121 (New York State business allocation percentage).





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 • X

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.

	A New York State	B Everywhere	
Average value of property (see instructions)			
122 Real estate owned • 122.			
123 Real estate rented • 123.			
124 Inventories owned • 124.			
125 Tangible personal property owned • 125.			
126 Tangible personal property rented • 126.			
127 Total (add lines 122 through 126) • 127.			
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 • 129.	331,641.		
130 All sales of tangible personal property 130.		331,641.	
131 Services performed • 131.			
132 Rentals of property • 132.			
133 Royalties • 133.			
134 Other business receipts • 134.			
135 Total (add lines 129 through 134) • 135.	331,641.	331,641.	
136 New York State receipts factor (divide line 135, column A, by line 135, column B) • 136.		100.0000	%
137 New York State additional receipts factor (see instructions) • 137.			%
Payroll			
138 Wages and other compensation of employees, except general executive officers • 138.			
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.

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



Receipts in the regular course of business from:

Table with columns for line number, description, amount, and percentage. Includes lines 149-157 for receipts and payroll factors.

Payroll

Table with columns for line number, description, amount, and percentage. Includes lines 158-165 for payroll and business status.

Amended return information

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

Table with columns for item description and response options (Yes/No/X).

Net operating loss (NOL) information

Table with columns for item description and response options (Yes/No/X).

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

Table with columns for Number of par shares, Value, Number of no-par shares, and Designee information.

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

Table with columns for Authorized Person, Signature of authorized person, Official title, Telephone number, and Date.

Table with columns for Paid preparer use, Firm's name, Firm's EIN, Preparer's PTIN or SSN, Address, City, State, ZIP code, and Date.

See instructions for where to file.

1D3551 1.000

41908111062

73285X 786D

76-0803008

38

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)

Table with 7 columns: A - Debt instrument, B - Maturity date, 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)

Item 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)

Table with 7 columns: A - Investment, B - Number of shares, 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)

Item 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 (divide line 4, column G, by line 4, column E). Use to compute Form CT-3, lines 20, 37, and 67; and Form CT-38, line 7 5. %

Cash (optional)

6.

Investment capital (add lines 4 and 6 in columns C, D, and E). 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	D	E	F	G	
Item	% of voting stock owned	Average value	Liabilities directly or indirectly attributable to subsidiary capital	Net average value <i>(column C - column D)</i>	Issuer's allocation %	Value allocated to New York State <i>(column E x column F)</i>	
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.



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

Total NOL carried forward to 2012

=====

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

Employer identification number

File number

Business telephone number

beginning 01-01-11

ending 12-31-11

76-0803008

1 2

347-425-9397

If you claim an overpayment, mark an X in the box

X

Legal name of corporation OPEN SOURCE MATTERS, INC

Trade name/DBA

Mailing name (if different from legal name above)

State or country of incorporation

Date received (for Tax Department use only)

c/o

NEW YORK

Number and street or PO box

Date of incorporation

PO BOX 4668 #88354

01-01-05

City

State ZIP code

Foreign corporations: date began business in NYS

NEW YORK

NY 10163-4668

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.

13,120.

2 MCTD allocation percentage from line 35, line 43, or line 45

2.

NONE %

3 Allocated franchise tax (multiply line 1 by line 2)

3.

NONE

4 MTA surcharge (multiply line 3 by 17% (.17))

4.

NONE

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.

562.

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.

562.

7 Total prepayments from line 52

7.

2,810.

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.

2,248.

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.

2,248.

16 Amount of overpayment to be refunded

16.

Schedule A - Computation of MCTD allocation percentage

Schedule A, Part 1 - MCTD allocation (see instructions)

Average value of property (see instructions)

A
MCTD

B
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)

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.	331,641.	
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.	331,641.	
31	MCTD receipts factor (divide line 30, column A, by line 30, column B)	• 31.	NONE	%
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.	NONE	%
35	MCTD allocation percentage (divide line 34 by three or by the number of factors; enter here and on line 2)	• 35.	NONE	%

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

	A	B	
	MCTD	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	B	
	MCTD	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	338.
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	1,669.
49	Overpayment credited from prior years	803.
50	Add lines 46 through 49	2,810.
51	Overpayment credited from Form CT- Period	• 51.
52	Total prepayments (add lines 50 and 51; enter here and on line 7)	2,810.

Third - party designee Yes No

Designee's name (print) DANIELLE HLATKY Designee's phone number
 (see instructions) Designee's e-mail address PIN 3264

Certification: I certify that this document 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 add. of auth. person Phone number Date
Paid preparer use only Firm's name (or yours if self-employed) Firm's EIN Preparer's PTIN or SSN
 PIPIA COHEN HLATKY LLC 26-4268100 P01403210
 Signature of individual preparing this return Address City State ZIP code
 (see instr.) 195 KOSCIUSZKO ST BROOKLYN NY 11216
 E-mail address of individual preparing this return Preparer's NYTPRIN Date
 11419808

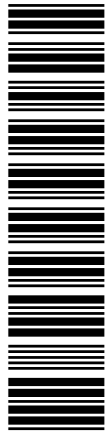
GENERAL CORPORATION TAX RETURN

2011

For CALENDAR YEAR 2011 or FISCAL YEAR beginning _____ 2011 and ending _____

Amended return
 Final return Check box if the corporation has ceased operations.
 Check box if you are filing a 52- 53-week taxable year Special short period return (See Instructions)

Check box if a pro-forma federal return is attached
 Check box if you claim any 9/11/01-related federal tax benefits (see inst.)



Name OPEN SOURCE MATTERS, INC		Taxpayer's Email Address:	
In Care Of		EMPLOYER IDENTIFICATION NUMBER	
Address (number and street) PO BOX 4668 #88354		76-0803008	
City and State NEW YORK, NY	Zip Code 10163-4668	BUSINESS CODE NUMBER AS PER FEDERAL RETURN	
Business Telephone Number 347-425-9397	Date business began in NYC 01-01-05	511130	

SCHEDULE A Computation of Tax - BEGIN WITH SCHEDULE B ON PAGE 2. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A. Payment Enclosed

A. Payment		Pay amount shown on line 21 - Make check payable to: NYC Department of Finance <input checked="" type="checkbox"/>		
1. Allocated net income (from Schedule B, line 27) <input type="checkbox"/> 1.	NONE	x .0885 <input type="checkbox"/> 1.		NONE
2a. Allocated capital (from Schedule E, line 14) <input type="checkbox"/> 2a.	NONE	x .0015 <input type="checkbox"/> 2a.		NONE
2b. Total allocated capital - Cooperative Housing Corps. <input type="checkbox"/> 2b.		x .0004 <input type="checkbox"/> 2b.		
2c. Cooperatives - enter: <input type="checkbox"/> BORO <input type="checkbox"/> BLOCK <input type="checkbox"/> LOT				
3. Alternative tax (see instructions) (see page 6 for worksheet) <input type="checkbox"/> 3.				NONE
4. Minimum tax (see instructions) - NYC Gross Receipts: <input type="checkbox"/> 4.	NONE			25.
5. Allocated subsidiary capital (see instructions) <input type="checkbox"/> 5.		x .00075 <input type="checkbox"/> 5.		
6. Tax (line 1, 2a, 2b, 3 or 4, whichever is largest, PLUS line 5) <input type="checkbox"/> 6.				25.
7. UBT Paid Credit (attach Form NYC-9.7) <input type="checkbox"/> 7.				
8a. REAP Credit (attach Form NYC-9.5) <input type="checkbox"/> 8a.				
8b. LMREAP Credit (attach Form NYC-9.8) <input type="checkbox"/> 8b.				
9a. Real Estate Tax Escalation and Employment Opportunity Relocation Cost or Industrial Business Zone Credits (attach Form NYC-9.6) <input type="checkbox"/> 9a.				
9b. NYC Film Production Credit (attach Form NYC-9.9) <input type="checkbox"/> 9b.				
9c. Biotechnology Credit (attach Form NYC-9.10) <input type="checkbox"/> 9c.				
10. Net tax after credits (line 6 less total of lines 7, 8a, 8b, 9a, 9b and 9c) <input type="checkbox"/> 10.				25.
11. First installment of estimated tax for period following that covered by this return:				
(a) If application for extension has been filed, enter amount from line 2 of Form NYC-EXT <input type="checkbox"/> 11a.				
(b) If application for extension has not been filed and line 10 exceeds \$1,000, enter 25% of line 10 <input type="checkbox"/> 11b.				
12. Sales tax addback per Admin. Code § 11-604.12(c) and 11-604.17a(c) (see instructions) <input type="checkbox"/> 12.				
13. Total of lines 10, 11a, 11b and 12 <input type="checkbox"/> 13.				25.
14. Prepayments (from Prepayments Schedule, page 6, line G) (see instructions) <input type="checkbox"/> 14.				17,000.
15. Balance due (line 13 less line 14) <input type="checkbox"/> 15.				
16. Overpayment (line 14 less line 13) <input type="checkbox"/> 16.				16,975.
17a. Interest (see instructions) <input type="checkbox"/> 17a.				
17b. Additional charges (see instructions) <input type="checkbox"/> 17b.				
17c. Penalty for underpayment of estimated tax (attach Form NYC-222) <input type="checkbox"/> 17c.				
18. Total of lines 17a, 17b and 17c <input type="checkbox"/> 18.				
19. Net overpayment (line 16 less line 18) <input type="checkbox"/> 19.				16,975.
20. Amount of line 19 to be: (a) Refunded - <input checked="" type="checkbox"/> Direct deposit - fill out line 20c OR <input type="checkbox"/> Paper check <input type="checkbox"/> 20a.				16,975.
(b) Credited to 2012 estimated tax <input type="checkbox"/> 20b.				
20c. Routing Number 021000089 Account Number 9973388778 Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>				
21. TOTAL REMITTANCE DUE (see instructions) Enter payment amount on line A above. <input type="checkbox"/> 21.				
21a. Issuer's allocation percentage (from Schedule E, line 15) <input type="checkbox"/> 21a.				NONE %
22. NYC rent from Sch. G, part 1 or NYC rent deducted on federal return - THIS LINE MUST BE COMPLETED (see instr.) <input type="checkbox"/> 22.				
23. Federal return filed: <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120C <input type="checkbox"/> 1120S <input type="checkbox"/> 1120F <input type="checkbox"/> 1120-RIC <input type="checkbox"/> 1120-REIT <input type="checkbox"/> 1120H <input type="checkbox"/> 24. Gross receipts or sales from federal return see instructions <input type="checkbox"/> 24.				331,641.
25. EIN of Parent Corporation <input type="checkbox"/> 25.		26. Total assets from federal return <input type="checkbox"/> 26.		263,223.
27. EIN of Common Parent Corporation <input type="checkbox"/> 27.		28. Compensation of stockholders (from Sched. F, line 1) <input type="checkbox"/> 28.		
29. Business allocation percentage (from Schedule H, line 5) - if not allocating, enter 100% <input type="checkbox"/> 29.				NONE %

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions) YES

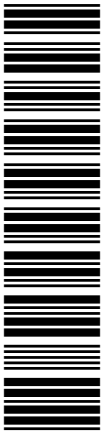
Firm's Email Address:

SIGN HERE: Signature of officer _____ Title _____ Date _____	Preparer's signature _____ Preparer's printed name _____ Check if self-employed <input checked="" type="checkbox"/> Date _____	Preparer's Social Security Number or PTIN <input type="checkbox"/> P01403210
Firm's name (or yours, if self-employed) PIPIA COHEN HLATKY LLC 195 KOSCIUSZKO ST BROOKLYN, NY 11216		Firm's Employer Identification Number <input type="checkbox"/> 26-4268100

SCHEDULE B Computation and Allocation of Entire Net Income

Table with 3 columns: Line number, Description, and Amount. Includes rows for Federal taxable income (146,031), deductions (17,967), additions (170,142), and final allocated net income (NONE).

S CORPORATIONS
see instructions
for line 1



SCHEDULE C Subsidiary Capital and Allocation

A DESCRIPTION OF SUBSIDIARY CAPITAL		B % of Voting Stock Owned	• C Average Value	• D Liabilities Directly or Indirectly Attributable to Subsidiary Capital	• E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	G Value Allocated to NYC (column E x column F)
LIST EACH ITEM (USE RIDER IF NECESSARY)	EMPLOYER IDENTIFICATION NUMBER						
		%				%	
1. Total Cols C, D and E (including items on rider)							
2. Total Column G - Allocated subsidiary capital: Transfer this total to Schedule A, line 5							

SCHEDULE D Investment Capital and Allocation

A DESCRIPTION OF INVESTMENT	B No. of Shares or Amount of Securities	• C Average Value	• D Liabilities Directly or Indirectly Attributable to Investment Capital	• E Net Average Value (column C minus column D)	F Issuer's Allocation Percentage	• G Value Allocated to NYC (column E x column F)	• H Gross Income from Investment
LIST EACH STOCK AND SECURITY (USE RIDER IF NECESSARY)							
					%		
1. Totals (including items on rider) • 1.							
2. Investment allocation percentage (line 1G divided by line 1E rounded to the nearest one hundredth of a percentage point). • • • • •					%		
3. Cash - you must include it on this line. • • • • •							
4. Investment capital (total of lines 1E and 3E - enter on Schedule E, line 10) • • • • •							

SCHEDULE E Computation and Allocation of Capital

Basis used to determine average value in column C. Check one. (Attach detailed schedule.)

- Annually - Semi-annually - Quarterly

	COLUMN A Beginning of Year	COLUMN B End of Year		COLUMN C Average Value
1. Total assets from federal return	112,422.	263,223.	• 1.	187,823.
2. Real property and marketable securities included in line 1			• 2.	
3. Subtract line 2 from line 1			3.	187,823.
4. Real property and marketable securities at fair market value			• 4.	
5. Adjusted total assets (add lines 3 and 4).			• 5.	187,823.
6. Total liabilities (see instructions)	17,470.	31,871.	• 6.	24,671.
7. Total capital (column C, line 5 less column C, line 6).			• 7.	163,152.
8. Subsidiary capital (Schedule C, column E, line 1)			• 8.	
9. Business and investment capital (line 7 less line 8) (see instructions)			9.	163,152.
10. Investment capital (Schedule D, line 4) (see instructions)			• 10.	
11. Business capital (line 9 less line 10)			• 11.	163,152.
12. Allocated investment capital (line 10 x _____ % from Schedule D, line 2)			12.	
13. Allocated business capital (line 11 x NONE % from Schedule H, line 5)			13.	NONE
14. Total allocated business and investment capital (line 12 plus line 13) (enter at Schedule A, line 2a or 2b)			14.	NONE
15. Issuer's allocation percentage (sum of Sch. E, line 14 and Sch. C, col. G, line 2 ÷ Sch. E, line 7 rounded to the nearest one hundredth of a percentage point) (enter on page 1 - see instructions)			15.	NONE %



SCHEDULE F Certain Stockholders

Include all stockholders owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.

Name and Address - Give actual residence. (Attach rider if necessary)	Social Security Number	Official Title	Salary & All Other Compensation Received from Corporation (If none, enter "0")

1. Total, including any amount on rider. (Enter on Schedule A, line 28) • 1.

SCHEDULE G Complete this schedule if business is carried on both inside and outside NYC

Part 1 - List location of, and rent paid or payable, if any, for each place of business INSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET CITY STATE ZIP					
NUMBER AND STREET CITY STATE ZIP					
NUMBER AND STREET CITY STATE ZIP					
NUMBER AND STREET CITY STATE ZIP					
Total					

Part 2 - List location of, and rent paid or payable, if any, for each place of business OUTSIDE New York City, nature of activities at each location (manufacturing, sales office, executive office, public warehouse, contractor, converter, etc.), and number of employees, their wages, salaries and duties at each location.

Complete Address	Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET CITY STATE ZIP					
NUMBER AND STREET CITY STATE ZIP					
NUMBER AND STREET CITY STATE ZIP					
NUMBER AND STREET CITY STATE ZIP					
Total					

SCHEDULE H Business Allocation - see instructions before completing this schedule

1. Did you make an election to use fair market value in the property factor? • 1. Yes No
 2. If this is your first tax year, are you making the election to use fair market value in the property factor? • 2. Yes No

	• COLUMN A - NEW YORK CITY	• COLUMN B - EVERYWHERE
1a. Real estate owned 1a.		1a.
1b. Real estate rented - multiply by 8 (see instr.) (attach rider) 1b.		1b.
1c. Inventories owned 1c.		1c.
1d. Tangible personal property owned (see instructions) 1d.		1d.
1e. Tangible personal property rented - multiply by 8 (see instr.) 1e.		1e.
1f. Total 1f.		1f.
1g. Percentage in New York City (column A divided by column B) 1g.		%
1h. Multiply line 1g by 23.5 1h.		

Receipts in the regular course of business from:

2a. Sales of tangible personal property where shipments are made to points within New York City 2a.	NONE	
2b. All sales of tangible personal property 2b.		331,641.
2c. Services performed 2c.		
2d. Rentals of property 2d.		
2e. Royalties 2e.		
2f. Other business receipts 2f.		
2g. Total 2g.	NONE	331,641.
2h. Percentage in New York City (col. A of line 2g divided by col. B) 2h.		NONE %
2i. Multiply line 2h by 53 2i.		NONE

3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions) 3a.		
3b. Percentage in New York City (column A divided by column B) • 3b.		%
3c. Multiply line 3b by 23.5 3c.		

Weighted Factor Allocation

4a. Add lines 1h, 2i and 3c • 4a.		NONE
4b. Divide line 4a by 100 if no factors are missing. If a factor is missing, divide line 4a by the total of the weights of the factors present. Enter as percentage. Round to the nearest one hundredth of a percentage point. • 4b.		NONE %

Business Allocation Percentage

5. Enter percentage from line 4b. (If using Schedule I, enter percentage from part 1, line 8 or part 2, line 2). See instructions • 5.		NONE %
--	--	--------

SCHEDULE I Business Allocation for Aviation Corporations and Corporations Operating Vessels

Part 1 Business allocation for aviation corporations. Table with columns: AVERAGE FOR THE YEAR, COLUMN A - NEW YORK CITY, COLUMN B - EVERYWHERE. Rows include Aircraft arrivals and departures, New York City percentage, Revenue tons handled, etc.

Part 2 Business allocation for corporations operating vessels in foreign commerce. Table with columns: COLUMN A - NEW YORK CITY TERRITORIAL WATERS, COLUMN B - EVERYWHERE. Rows include Aggregate number of working days, Allocation percentage.

SCHEDULE J The following information must be entered for this return to be complete. (REFER TO INSTRUCTIONS BEFORE COMPLETING THIS SECTION.)

- 1a. New York City principal business activity WEB BASED SOFTWARE M
1b. Other significant business activities
1c. Trade name of reporting corporation
2. Is this corporation included in a consolidated federal return?
3. Is this corporation included in a New York City Combined General Corporation Tax Return?
4. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563...
5. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year...
6. If "YES" to question 5, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed?
7. Did this corporation make any payments treated as interest in the computation of entire net income to shareholders...
8. Was this corporation a member of a partnership or joint venture during the tax year?
9. At any time during the taxable year, did the corporation have an interest in real property...
10. a) If "YES" to 9, attach a schedule of such property... b) Was any NYC real property... c) Was there a partial or complete liquidation... d) Was 50% or more of the corporation's ownership transferred...
11. If "YES" to 10b, 10c or 10d, was a Real Property Transfer Tax Return (Form NYC-RPT) filed?
12. If "NO" to 11, explain:
13. Does the corporation have one or more qualified subchapter S subsidiaries?
14. If a federal return was filed on Form 1120S, enter the number of Fed K1 returns attached:
15. Is this taxpayer subject to the Commercial Rent Tax?
16. If "YES", were all required Commercial Rent Tax Returns filed?

30251110 1D3553 1.000

SCHEDULE K Federal Return Information

The following information must be entered for this return to be complete.
 Enter on lines 1 through 10 in the Federal Amount column the amounts reported on your federal return or pro-forma Federal return. (See instructions) Federal 1120

	Federal Amount
1. Dividends ● 1.	
2. Interest income ● 2.	68.
3. Capital gain net income ● 3.	
4. Other income ● 4.	
5. Total income ● 5.	323,075.
6. Bad debts ● 6.	
7. Interest expense ● 7.	
8. Other deductions ● 8.	152,121.
9. Total deductions ● 9.	177,044.
10. Net operating loss deduction ● 10.	

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 14	DATE	AMOUNT
A. Mandatory first installment paid with preceding year's tax		1,646.
B. Payment with Declaration, Form NYC-400 (1)		
C. Payment with Notice of Estimated Tax Due (2)		
D. Payment with Notice of Estimated Tax Due (3)		
E. Payment with extension, Form NYC-EXT		12,621.
F. Overpayment from preceding year credited to this year		2,733.
G. TOTAL of A through F (enter on Schedule A, line 14)		17,000.

Alternative Tax Worksheet

Refer to page 5 of instructions before computing the alternative tax.

Net income/loss (See instructions) 1.	\$	170,142.
Enter 100% of salaries and compensation for the taxable year paid to stockholders owning more than 5% of the taxpayer's stock. (See instructions.) 2.	\$	
Total (line 1 plus line 2) 3.	\$	170,142.
Statutory exclusion - Enter \$40,000. (if return does not cover an entire year, exclusion must be prorated based on the period covered by the return) 4.	\$	40,000.
Net amount (line 3 minus line 4) 5.	\$	130,142.
15% of net amount (line 5 x 15%) 6.	\$	19,521.
Investment income to be allocated (amount on Schedule B, line 23b x 15%. Do not enter more than amount on line 6 above. Enter "0" if not applicable.) 7.	\$	
Business income to be allocated (line 6 minus line 7) 8.	\$	19,521.
Allocated investment income (line 7 x investment allocation % from Schedule D, line 2F) 9.	\$	
Allocated business income (line 8 x business allocation % from Schedule H, line 5) 10.	\$	NONE
Taxable net income (line 9 plus line 10) 11.	\$	NONE
Tax rate 12.		8.85% (.0885)
Alternative tax (line 11 x line 12) Transfer amount to page 1, Schedule A, line 3 13.	\$	NONE

Attach copy of all pages of your federal tax return or pro forma federal tax return.

Make remittance payable to the order of: NYC DEPARTMENT OF FINANCE Payment must be made in U.S. dollars, drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

MAILING INSTRUCTIONS

RETURNS WITH REMITTANCES
 NYC DEPARTMENT OF FINANCE
 GENERAL CORPORATION TAX
 P.O. BOX 5040
 KINGSTON, NY 12402-5040

RETURNS CLAIMING REFUNDS
 NYC DEPARTMENT OF FINANCE
 GENERAL CORPORATION TAX
 P.O. BOX 5050
 KINGSTON, NY 12402-5050

ALL OTHER RETURNS
 NYC DEPARTMENT OF FINANCE
 GENERAL CORPORATION TAX
 P.O. BOX 5060
 KINGSTON, NY 12402-5060

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The due date for the calendar year 2011 return is on or before March 15, 2012.
 For fiscal years beginning in 2011, file on or before the 15th day of the 3rd month following the close of fiscal year.

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