Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2017 calendar year, or tax year beginning 01/01 , 2017, and en	ling 1	2/31	, 20 17		
В	Check if	applicable: C Name of organization OPEN SOURCE INITIATIVE		D Employ	er identification number		
	Address	change Doing business as			91-2037395		
	Name ch	~	'suite	E Telepho	ne number		
	Initial ret				847-567-3962		
		rn/terminated City or town, state or province, country, and ZIP or foreign postal code					
	Amende			G Gross re	eceipts \$ 209,500		
$\overline{\sqcap}$		ion pending F Name and address of principal officer: SIMON PHIPPS	H(a) Is this a c	roup return for	subordinates? Yes No		
		STAG GATES HOUSE, THE AVENUE, SOUTHAMPTON SO17 1XS, Unite	I				
$\overline{}$	Tax-exe	mpt status:			ee instructions)		
J	Website		H(c) Group	p exemption number ▶			
K	Form of	organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form			of legal domicile: CA		
_	art I	Summary		I			
	1	Briefly describe the organization's mission or most significant activities: EDU	ICATE THE PU	BLIC ABO	OUT OPEN SOURCE		
ě		SOFTWARE AND MAINTAIN THE OPEN SOURCE STANDARDS DEFINITION.					
Activities & Governance							
ern	2	Check this box ▶☐ if the organization discontinued its operations or dispose	d of more than	1 25% of	its net assets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)			10		
∞	4	Number of independent voting members of the governing body (Part VI, line 1			9		
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	1		
ĬΞ	6	Total number of volunteers (estimate if necessary)		6	20		
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0		
-	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0		
		· · · · · · · · · · · · · · · · · · ·	Prior Y		Current Year		
•	8	Contributions and grants (Part VIII, line 1h)	183,030 186,83				
Revenue	9	Program service revenue (Part VIII, line 2g)	.00/000	22,025			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13 58				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29 5				
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		183,072 209,500			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		103,072	0		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0				
"	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		112,733 110,80			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	7,680		
en	b	Total fundraising expenses (Part IX, column (D), line 25) ► 41,248		U	7,000		
Ä	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		47,673	69,397		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		160,406	187,884		
	19	Revenue less expenses. Subtract line 18 from line 12		22,666	21,616		
_ s	1	Tievende less expenses. Subtract line to nont line 12	Beginning of Cu		End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		60,647	84,732		
Asse	21	Total liabilities (Part X, line 26)		-2,469	04,732		
Net in	22	Net assets or fund balances. Subtract line 21 from line 20		63,116	84,732		
	art II	Signature Block		03,110	04,732		
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements and to t	he hest of r	ny knowledge, and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer			ny knowiedge and belief, it is		
Sig	an	Signature of officer	Da	ate			
He							
Josh Simmons, Treasurer Type or print name and title							
_		Print/Type preparer's name Preparer's signature	Date	0, 1	PTIN		
Pa				Check self-emp	If		
	epare		Fin		,		
Us	e Onl			n's EIN ►			
Ma	v the IF	Firm's address State Firm's address Firm's addres		one no.	Yes No		

Part	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part III	<u>v</u>
1	Briefly describe the organization's mission:	
	To (1) educate the public about the advantages of open source software [software that users are free to modify and redist	
	(2) encourage the software community to participate in open source software development; (3) identify how software user	
	objectives are best served through open source software; (4) persuade organizations and software authors to distribute s	ource
	(Continued on Schedule O, Statement 1)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	es 🗹 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		es 🗸 No
	If "Yes," describe these changes on Schedule O.	C3 E 110
4		accounted by
4	Describe the organization's program service accomplishments for each of its three largest program services, as mexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
	the total expenses, and revenue, if any, for each program service reported.	is to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	································	2,025)
	OpenHatch is a Fiscal Sponsoree of OSI that brings open source to campuses. Open Source Comes to Campus is a work	shop to
	teach the tools and culture of open source development and to help students impact real projects. The OpenHatch fiscal	
	sponsorship ended in 2017.	
41	(O	- \
4b	(Code:) (Expenses \$13 including grants of \$0) (Revenue \$	0)
	Free/Libre and open source software (FLOSS) support	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
40	(Code) (Expenses \$ including grants of \$) (nevertie \$)	/
		
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
Tu	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e		
70	Total program service expenses ► 32,634	

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<i>'</i>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		\(\tau \)
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	, , , , ,	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			1
		21		_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	1	
040				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
٦	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
				V
	disqualified persons? If "Yes," complete Schedule L, Part II	26		_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_
		200		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
-	conservation contributions? If "Yes," complete Schedule M	30		1
24		30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		1
05-				<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI			1
00		37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	V	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page
rart				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1		103	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year? .

14a

13a

14a

14b

13b

13c

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 ~ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," V 12c 13 13 1 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a / b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ Phyllis Dobbs, (847)567-3962

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	ensa	ited any currer	t officer, director	r, or trustee.
(C)										
(A)	(B)	/da			ition	. +6.00		(D)	(E)	(F)
Name and Title	Average		o not check more than one x, unless person is both an					Reportable	Reportable	Estimated
	hours per week (list any		er and		irect	or/trus		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	the	organizations	compensation
	related organizations	/idua	tutic	ĕ	emp	lest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	al tr	nal		oloye	eom				and related
	line)	ıste	trus		B	pens				organizations
			ee			Highest compensated employee				
Simon Phipps	5									
President		~		~				0	0	0
Josh Simmons	5									
Chief Financial Officer		~		~				0	0	0
Patrick Masson	40			١.	١.,					
Secretary, General Manager		~		~	~			100,000	0	0
Molly de Blanc	5									
Director		~						0	0	0
Deb Bryant	5									
Director		~						0	0	0
Richard Fontana	5							_	_	_
Director	_	~						0	0	0
Mike Milinkovich	5							_	_	_
Director	0	~						0	0	0
Allison Randal	5									
Director		~						0	0	0
Carol Smith	5							_	_	_
Director	_	~						0	0	0
Italo Vignoli	5									
Director	_	-						0	0	0
Leslie Hawthorn	5									
Director	0	-					~	0	0	0
Paul Tagliamonte	5									
Director	0	-					~	0	0	0
Josh Simmons	5									
Director	0	~					~	0	0	0
Stefano Zacchiroli	5	.,					,	_		_
Director	0	~					<u> </u>	0	0	0

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:	s, aı	nd F	lighe	st C	ompensated E	mployees (contin	ued)	
					(0	C)							
	(A)	(B)	, ,			ition			(D)	(E)		(F)	
	Name and title	Average	١,				e than o is both		Reportable	Reportab	le	Estimated	i
		hours per					or/trus		compensation	compensation		amount of	
		week (list any			_			<u> </u>	from	related		other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-N		compensati from the	on
		organizations	ect	ltic	욕	mg	est oye	<u>ĕ</u>	(W-2/1099-MISC)	(00-2/1099-10	1100)	organizatio	n
		below dotted	or tr	nal		ğ	e on		,			and related	
		line)	ust	캺		ee	pe					organizatio	ns
			96	stee			ารส						
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1b	Sub-total								100,000		_		
				•	•		•		100,000		0		0
c	Total from continuation sheets to Part	vii, Sectio	n A	•	•		•				\rightarrow		
d								<u> </u>	100,000		0		0
2	Total number of individuals (including but	t not limited	to th	ose	e list	ed	above	e) w	ho received m	ore than \$1	00,000	0 of	
	reportable compensation from the organi	ization ►							0				
												Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	ust	ee,	key 6	emp	oloyee, or high	est compe	nsate	d	
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	ind	ividu	ual					3 🗸	
4	For any individual listed on line 1a, is the	sum of re	nortal	പല	con	ากคเ	neatic	nn a	nd other comp	ensation fr	om th		
•	organization and related organizations												
	individual	greater tri	απ ψ	100,	,000	, . ,	, , ,	٥,	complete our	icadic o io	1 3001		.,
_			· ·									. 4	
5	Did any person listed on line 1a receive of												
	for services rendered to the organization	? If "Yes," c	ompi	ете	Scr	neal	ile J 1	or s	sucn person		<u> </u>	5	'
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed ind	dep	end	ent	contr	acto	ors that receive	ed more tha	ın \$10	0,000 of	
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within	the or	ganization's 1	tax
	year.												
	(A)								(B)			(C)	
	Name and business add	Iress							Description of s	ervices		Compensation	
Ness								\vdash	*				
None								-					
								_					
								_					
2	Total number of independent contractor	rs (includir	ng bu	it n	ot	limit	ed to	th	ose listed abo	ove) who			
	received more than \$100,000 of compens								0				

Part VIII Statement of Revenue

		Check if Schedule O contains a re-	sponse or note to	any line in this	Part VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts its	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	10,520				
s, G Am	С	Fundraising events 1c					
iift ar /	d	Related organizations 1d	0				
s, C mil	е	Government grants (contributions) 1e	0				
ion r Si	f	All other contributions, gifts, grants,					
but the		and similar amounts not included above 1f	176,311				
ntri d O	g	Noncash contributions included in lines 1a-1f: \$	0				
Co	h	Total. Add lines 1a-1f	•	186,831			
ıue			Business Code				
ven	2a	OPENHATCH CONTRIBUTIONS	541700	22,025	22,025	0	0
Program Service Revenue	b						
vice	С						
Ser	d						
am	е		_				
ogr	f	All other program service revenue.		0	0	0	0
Ā	g	Total. Add lines 2a–2f		22,025			
	3	Investment income (including divid					
	_	and other similar amounts)	F	58	58	0	0
	4	Income from investment of tax-exempt I		0	0	0	0
	5	Royalties	(ii) Personal	0	0	0	0
	60		(ii) i ersoriai				
	6a	Less: rental expenses					
	b	-	0				
	d	NI - t					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	С	•	0				
	d	Net gain or (loss)	•				
nue		Gross income from fundraising					
Other Reven		events (not including \$ 0 of contributions reported on line 1c).					
hei		See Part IV, line 18					
ğ			b				
		Net income or (loss) from fundraising Gross income from gaming activities.					
	Эа	See Part IV, line 19					
	h	Less: direct expenses					
		Net income or (loss) from gaming ac					
		Gross sales of inventory, less					
		returns and allowances					
	b		0				
		Net income or (loss) from sales of in					
		Miscellaneous Revenue	Business Code				
	11a	COMMISSIONS	541700	47	47	0	0
	_	SALES OF PRODUCT REVENUE	541700	539	539	0	0
	С						
	d	All other revenue		0	0	0	0
	е	Total. Add lines 11a-11d	+	586			
	12	Total revenue. See instructions	🕨	209,500	22,669	0	0

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	ll other organizations	s must complete colu	ımn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		🔽
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	100,000	10,000	60,000	30,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	10,807	784	7,672	2,351
11	Fees for services (non-employees):	10,007	701	7,072	2/001
a	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	14,209	0	14,209	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	-	U	U	
f	Investment management fees	7,680	0	0	7,680
	Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
g	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	1,003	0	0	1,003
13	Office expenses	4,826	0	4,826	0
14	Information technology	747	0	747	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17 18	Travel	24,260	0	24,260	0
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	602	0	602	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	714	71	429	214
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	714	,,	427	217
a b					
C					
d					
e	All other expenses	23,036	21,779	1,257	0
25	Total functional expenses. Add lines 1 through 24e	187,884	32,634	114,002	41,248
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	107,004	32,034	114,002	41,248

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		. 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	26,193	1	3,307
	2	Savings and temporary cash investments	34,454	2	81,425
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
ets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		1	_	10-	
	b	Less: accumulated depreciation		10c	_
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13 14	0
	14 15	Intangible assets	0	15	0
	16	Other assets. See Part IV, line 11	0	16	04.722
	17	Accounts payable and accrued expenses	60,647 -2,469		84,732
	18	Grants payable	-2,469	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Ś	22	Loans and other payables to current and former officers, directors,			, and the second
Liabilities		trustees, key employees, highest compensated employees, and			
ig		disqualified persons. Complete Part II of Schedule L	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	-2,469	26	0
sec		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	63,116	27	84,472
Bal	28	Temporarily restricted net assets	0	28	260
ק	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	63,116	33	84,732
	34	Total liabilities and net assets/fund balances	60,647	34	84,732

Form 990 (2017) Page **12**

Part	XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			209,500
2	Total expenses (must equal Part IX, column (A), line 25)	2			187,884
3	Revenue less expenses. Subtract line 2 from line 1	3			21,616
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			63,116
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			84,732
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>, </u>
				Ye	s No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	<u>_</u>	V
Za	If "Yes," check a box below to indicate whether the financial statements for the year were com			a	
	reviewed on a separate basis, consolidated basis, or both:	J.10G	j.		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b	V
~	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	/ersigl	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account			С	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 🗔		
	Schedule O.	-			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. з	а	V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rgo th	ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3	b	
				orm 9	90 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

OPE	N SOURCE INITIATIVE					91-20	37395			
Par	t I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ns.			
The o	organization is not a private founda	tion because it i	s: (For lines 1 through	12, ched	k only or	ne box.)				
1	☐ A church, convention of church	nes, or associati	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . ✓ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)									
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)						
9	An agricultural research organior university or a non-land-granuniversity:									
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and uni ter June 30, 197	nctions—subject to c related business taxal 75. See section 509(a	ertain exc ble incom a)(2). (Cor	ceptions, ne (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its			
11	An organization organized and	•		-						
12	An organization organized and of one or more publicly support Check the box in lines 12a through	rted organizatio	ns described in sect i	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).			
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ijority of t					
b	Type II. A supporting organ control or management of to organization(s). You must o	he supporting o	rganization vested in	the same						
С	Type III functionally integrits supported organization(s						ally integrated with,			
d	Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an				
е	Check this box if the organ functionally integrated, or T						e II, Type III			
f	Enter the number of supported o	rganizations .								
g	Provide the following information	about the supp	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 78,466 117,034 151,587 183,030 208,856 738,973 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 78,466 117,034 151,587 183,030 208,856 738,973 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 165,252 Public support. Subtract line 5 from line 4 573,721 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 78,466 151,587 208,856 117,034 183,030 738,973 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 30 49 13 58 16 166 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 138 29 0 167 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 586 586 **Total support.** Add lines 7 through 10 11 739,892 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 77.54 % Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to qualify	under the te	sts listed bei	ow, piease co	impiete rait	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>r</i> u	received from disqualified persons .						
	· · · ·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	<u> </u>						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support		T				
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	re					▶ ┌
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2017 (line 8	B, column (f) di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2016 Sch		-			16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2016			-		18	%
19a	331/3% support tests—2017. If the organi						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2016. If the organiz	_	=	-		_	
~	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization di	_		•	-		_

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described	8		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			I
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the expenientian expects for the handit of any supported expenientian other than the supported	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
Occur	on or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
•	Activities Test Anguar (a) and (b) below		Vaa	Na
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	4 -		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
 emergency temporary reduction (see instructions). 7		tograted Type III support	ing organization (see
■ Uneck here if the current year is the organization's first as a non-tunctional	ıy III	iegraleu Type III Supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	zations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i</u> _	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI

	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A,	Part II, Line 10 - SALES OF OPEN SOURCE INITIATIVE TSHIRTS

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization **OPEN SOURCE INITIATIVE** 91-2037395 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
_				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	oxpiant.	10		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	 ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee 			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		~
b	Any related organization?	6b		~
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
_				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	- nogaliationo occitoti oci	. 9		I

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	f W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Patrick Masson, Secretary,	(i)	100,000	0	0	0	0	100,000	0
Director of Operations	(ii)	0	0	0	0	0	0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J, Part I, Line 3 - ANNUALLY, THE BOARD REVIEWS THE PERFORMANCE OF THE GENERAL MANAGER. NO PERSON WITH A CONFLICT OF INTEREST IS INVOLVED IN THE DECISION. THE BOARD EVALUATES AND APPROVES COMPENSATION BASED ON ANNUAL GOALS, AS WELL AS CONSIDERING COST OF LIVING ADJUSTMENTS TO COMPENSATION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization **Employer identification number OPEN SOURCE INITIATIVE** 91-2037395 Form 990, Part III, Line 2 - WHEN ADDING ACTIVITIES, DISCONTINUING ACTIVITIES, AND ANNUALLY, THE OPEN SOURCE INITIATIVE'S MANAGEMENT REVIEWS AND ANALYZES THE ACTIVITY AGAINST THE APPROVED TAX-EXEMPT MISSION. IF ANY ACTIVITY IS DEEMED NOT TO FIT INTO THE TAX-EXEMPT MISSION, IT IS DOCUMENTED, DISCUSSED WITH THE BOARD OF DIRECTORS, AND DISCLOSED ON FORM 990-EZ. FOR THE TAX YEAR ENDING DECEMBER 31, 2017, ALL ACTIVITIES FIT INTO OPEN SOURCE INITIATIVE'S APPROVED TAX-EXEMPT MISSION Form 990, Part VI, Section B, Line 11b - COPIES OF THE COMPLETED DRAFT FORM 990 (INCLUDING REQUIRED SCHEDULES) ARE DISTRIBUTED TO THE BOARD CHAIR, TREASURER, AND GENERAL MANAGER IN ELECTRONIC FORM FOR REVIEW AND APPROVAL. ANY QUESTIONS OR CONCERNS ARE NOTED AND ADDRESSED, AND THE CONTROLLER UPDATES THE THEN BE DISTRIBUTED TO THE BOARD OF DIRECTORS IN ELECTRONIC FORM FOR REVIEW AND APPROVAL. ANY QUESTIONS OR CONCERNS ARE NOTED AND ADDRESSED, AND THE CONTROLLER UPDATES THE FORM 990 AS APPROPRIATE. APPROVAL BY THE BOARD CHAIR AND GENERAL MANAGER ARE PROVIDED IN WRITING AFTER CHANGES ARE MADE DURING THE REVIEW STAGE. COPIES OF THE REVISED DRAFT FORM 990 ARE DISTRIBUTED TO THE BOARD OF DIRECTORS IN ELECTRONIC FORM FOR REVIEW AND APPROVAL. ANY QUESTIONS OR CONCERNS ARE NOTED AND ADDRESSED, AND THE CONTROLLER UPDATES THE FORM 990 AS APPROPRIATE. AFTER ALL INPUT FROM THE REVIEW STAGE HAS BEEN APPROPRIATELY ADDRESSED, THE FINAL VERSION OF THE FORM 990 (WITH REQUIRED SCHEDULES) IS DISTRIBUTED IN ELECTRONIC FORM BY THE CONTROLLER TO EVERY VOTING MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS. Form 990, Part VI, Section B, Line 12c - OPEN SOURCE INITATIVE'S (OSI) CONFLICT OF INTEREST POLICY WAS ADOPTED BY THE BOARD ON MAY 7, 2013. MEMBERS OF THE BOARD OF DIRECTORS OWE A FIDUCIARY OBLIGATION TO OSI, WHICH INCLUDES A DUTY OF LOYALTY AND A DUTY OF CARE. DIRECTORS SHOULD ACT IN GOOD FAITH WITH THE CARE AN ORDINARILY PRUDENT PERSON IN A LIKE POSITION WOULD EXERCISE IN SIMILAR CIRCUMSTANCES. THE DUTY OF LOYALTY REQUIRES THAT DIRECTORS ACT IN GOOD FAITH IN A MANNER THE DIRECTOR REASONABLY BELIEVES TO BE IN THE BEST INTEREST OF THE CORPORATION. IF A DIRECTOR IS ALSO AN EMPLOYEE OF ANOTHER COMPANY, THE DIRECTOR'S FIRST LOYALTY AS A BOARD DIRECTOR IS TO THE OSI AND NOT THE EMPLOYER. THE DIRECTOR MAY VOICE THE OPINION OF THE DIRECTOR'S EMPLOYER, BUT IT IS THE DIRECTOR'S OBLIGATION TO FOCUS ON THE FIDUCIARY DUTIES TO THE OSI. IF A DIRECTOR IS ALSO A DIRECTOR OR OFFICER OF ANOTHER ORGANIZATION, THE DIRECTOR IS CHARGED WITH EXERCISING THEIR DUTIES BASED ON THE BEST INTERESTS OF BOTH COMPANIES. DIRECTORS MAY BE REQUIRED TO RECUSE THEMSELVES FROM ANY TRANSACTION OR DECISION THAT WOULD LEAD TO A CONFLICT OF INTEREST Form 990, Part VI, Section B, Line 15 - ANNUALLY, THE BOARD REVIEWS THE PERFORMANCE OF THE GENERAL MANAGER. NO PERSON WITH A CONFLICT OF INTEREST IS INVOLVED IN THE DECISION. THE BOARD EVALUATES AND APPROVES COMPENSATION BASED ON ANNUAL GOALS, AS WELL AS CONSIDERING COST OF LIVING ADJUSTMENTS TO COMPENSATION. Form 990, Part VI, Section C, Line 19 - NO CHANGES HAVE BEEN MADE TO THE ORGANIZING OR GOVERNING DOCUMENTS OF THE OPEN SOURCE INITIATIVE. ORGANIZING AND GOVERNING DOCUMENTS, AS WELL AS FINANCIAL RECORDS, ARE **AVAILABLE UPON REQUEST.**

Schedule O, Statement 1 OPEN SOURCE INITIATIVE

Form: Form 990 (2017) EIN: 91-2037395
Page: 2 Part III, Line 1

Mission Description

Description

software freely they otherwise would not distribute; (5) provide resources for sharing information about open source software and licenses; (6) assist attorneys to craft open source licenses; (7) manage a certification program to allow use of one or more certification marks in association with open source software; and (8) advocate for open source principles.

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