ر د		
707	2021	
•	1	

IS	GGCCB	XD		
٦	Form 990	Detum of Ourseinstian Evenus From Income	+	OMB No 1545-0047
		Return of Organization Exempt From Income Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fo		2010
Depa	artment of the Treasu nat Revenue Service			e Opento Public Sinspection
Ā	For the 2018 ca	lendar year, or tax year beginning , 2018, and ending		,
В	Check if applicable.	C	D Employer id	entification number
	Address change	TOUR DOUGLE TRUITERS	47-389	
	Name change	FUND, INC. 13566 W. DICKENS AVE. #3	E Telephone no	
	Initial return	CHICAGO II 60647	(312)	692-1356
	Final return/termin	180		. 6 005 401
	Amended return Application per		G Gross receipt s a group return for	
	Application per		ill subordinates inclu o, attach a list (see	
	Tax-exempt statu	S.  X 501(c)(3)   501(c) ( )   4947(a)(1) or   527   11 No	o," attach a list (see	instructions)
j	Website: ►		axemption number	•
<del>~</del>	Form of organizat		L6 M State	of legal domicite IL
Ŗa	N Sumr	nary		
	<ol> <li>Briefly de</li> </ol>	scribe the organization's mission or most significant activities.CHARITY_FOR_SCI	ENTIFIC F	ESEARCH
e e				
Ē				
틸	2 Charleth	box I if the organization discontinued its operations or disposed of more than	259/ of its pot	
g		f voting members of the governing body (Part VI, line 1a)	1 3	
20		f independent voting members of the governing body (Part VI,	4	
ĕ		ber of individuals employed in calendar year 2018 (Part V, line	5	
Activities & Governance		ber of volunteers (estimate if necessary)	6	
ĕ		lated business revenue from Part VIII, column (C), line 12 ted business taxable income from Form 990-T, line 38	72	·
-	b Net unres		ior Year	Current Year
	8 Contributi	ons and grants (Part VIII, line 1h)	ior iear	265, 461
Kevenue		ervice revenue (Part VIII, line 2g)		203,401
	10 Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)		
Ĭ		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
_		nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		265,461
		d similar amounts paid (Part IX, column (A), lines 1-3) .		171,860.
	•	aid to or for members (Part IX, column (A), line 4)		
9		other compensation, employee benefits (Part IX, column (A), lines 5-10).		6,156
Expenses		al fundraising fees (Part IX, column (A), line 11e).		
Š	<b>b</b> Total fund	raising expenses (Part IX, column (D), line 25) censes (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVED IN CORRECTION (D) inses Add lines 13-17 (must equal Part IX, column (A), line 25)		
"	17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVED 20 20		2,903
-		nses Add lines 13-17 (must equal Part IX, column (A), line 25)		180,919
_	19 Revenue	ess expenses. Subtract line 18 from line 12 .		84,542.
d Balances	20 Total acco		ng of Current Yea	
ā		ts (Part X, line 16)	204,042.	288,584.
3		or fund balances. Subtract line 21 from line 20	204,042.	288,584.
_	划 Signa		204,042.	200,304.
- py	- 2030000000	i declare that I have examined this return, including accompanying schedules and statements, and to the cest of n	ny knowledge and h	elief it is true correct and
mp	ete Declaration of p	aparer (other than officer) is based on all information of which preparer has any knowledge	.yoviicogo oilo o	
		A Pronte		
iig	n 1 <i>(</i> 1	00 (1)	ate	
ler	· · · · · · · · · · · · · · · · · · ·	Mir Montazery Vice President	112/19	
		e or print name and title	T	DTIN
		preparer's name Preparer's signature Date	Checkif	PTIN
ai		ETH P. RAPOPORT   A O NOTE   3/11/19	self-employed	P00096287
	parer Firm's n			
se	Only Firms a			5-3784981
	#F* 100 3	SKOKIE, IL 60076	Phone no (84	
		this return with the preparer shown above? (see instructions)	20/10	X Yes No Form 990 (2018)
MA	ror Paperwor	Reduction Act Notice, see the separate instructions. TEEA0101L 08/	ZU/18	רטואו ששע (בטוא

# CIS IMAGE DO NOT CORRESPOND FOR SIGNATURE

Form	990 (2018) OPEN SOURCE TECHNOLOGY IMPROVEMENT	47-389	7395	F	age 2
Part	Statement of Program Service Accomplishments				
	Check if Schedule O contains a response or note to any line in this Part IIt				
	Briefly describe the organization's mission:				
	CHARITY FOR SCIENTIFIC RESEARCH				<b>-</b>
	*				
- 2	Did the organization undertake any significant program services during the year which were not listed on the pri				
	Form 990 or 990-EZ?	Of .	Yes	X	No
	If "Yes," describe these new services on Schedule O.	•			110
	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	☐ Yes	X	No
	If "Yes," describe these changes on Schedule O			بت	
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, as mea	sured by	expen	ses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ns to others,	the total e	xpens	es,
	and terrories, in any, the salest program as the reported.				
4a	(Code: ) (Expenses \$ 180, 919 including grants of \$ ) (F	Revenue \$			)
	THE ORGANIZATION SUCCESSFULLY RAISED FUNDS AND COORDINATED AN AU	DIT OF O	PENVPN	2.4	. X
	WHICH REVEALED MULTIPLE VULNERABILITIES AND LED TO FIXES FOR MIL				
	OSTIF FOUND AND FIXED 9 VULNERABILITIES AS A RESULT OF THIS EFFO	RT WHICH	IS IN	LIN	E
	WITH THE ORGANIZATION'S MISSION.	- <b></b>			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
-					
	***************************************				
-					
-					
-					
-	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
4b(	(Code: ) (Expenses \$ including grants of \$ ) (F	evenue \$			
	THE SECOND PROGRAM ACCOMPLISHMENT WAS ESTABLISHING A BUG-BOUNTY I	ROGRAM I	OR OPE	NVP	N
	AND VERACRYPT TO ENCOURAGE INDEPENDENT SECURITY RESEARCH. THIS A				
	AROUND THE WORLD TO CONDUCT INVESTIGATIVE RESEARCH AND FIND AND	REPORT SI	CURITY	 	
	FLAWS.				
_		~ ~			
-					
-		<del></del>	<del>-</del>		
-					
-				- <b></b>	
-					
-					
4c(	Code. ) (Expenses \$ including grants of \$ ) (R	evenue \$			
-		_			
_					
_					
_					
_					
-					
-					
-					
-					
-					
4d C	Other program services (Describe in Schedule O.)				
(	Expenses \$ including grants of \$ ) (Revenue \$			)	
4e T	otal program service expenses ► 180, 919.				



			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part Il	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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? If 'Yes,' complete Schedule D, Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule  D, Part VI	11 a	ala a na	X
!	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.	11 b		Х
	c 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	11 c		х
•	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f 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)? If 'Yes,' complete Schedule D, Part X.	11 f		Х
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		Х
į	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?.	14a		Х
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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		Х
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		Х
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
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		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part Vill, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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.	21		X

Pa	Checklist of Required Schedules (continued)		,	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
_	column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
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		х
24	a 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		x
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c 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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		х
1	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
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		х
	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		Х
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(	c 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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		Х
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		Х
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 L	33		х
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		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	olf '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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38		Х
Pai	Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V	·	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BAA		1 .1	990 (	2018)

Form 990 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q. 3 b 4 a 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)? X 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). X 5 a 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х services provided to the payor? 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c Form 8282? . . . . . d If 'Yes,' indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 71 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g . . . . 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 **第779年** organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the sponsoring organization make any taxable distributions under section 4966? 9Ь b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. . 11 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year?. 14a 14b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х 15 excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If 'Yes,' complete Form 4720, Schedule O.

For	m 990 (2018) OPEN SOURCE TECHNOLOGY IMPROVEMENT 47-3897395	j	F	⊃age (
	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b b a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chai Schedule O. See instructions.	elow, nges i	and n	for
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Se	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	b Enter the number of voting members included in line 1a, above, who are independent 1 b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		X
1	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 Ь	<del></del>	х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
	a The governing body?	8 a		X
	b Each committee with authority to act on behalf of the governing body?	8 b		X
9	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		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b 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?	10 Ь		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Section 2	X
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13' b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		X
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
ä	a The organization's CEO, Executive Director, or top management official	15a		X
ı	b Other officers or key employees of the organization .	15 b	**************************************	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
i	p 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 organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 50 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)	)1(c)(3)	s only	y)
4.0		blo to		
79 20	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year.  SEE SCHEDULE O  State the name, address, and telephone number of the person who possesses the organization's books and records	ule 10		
20	DEREK ZIMMER 3566 W. DICKENS AVE. SUITE 3 CHICAGO IL 60647 312-692-1356			

Page 7

47-3897395

### Partyll 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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

				(C)	)					
(A) Name and Tille	(B) Average hours		Position (do not check mon than one box, unless person is both an officer and a director/trustee)				'	Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other
	per week (Irst any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	The organization (W-2/1099-MISC)	(W-271099-MISC)	compensation from the organization and related organizations
(1) DEREK ZIMMER	30_				i			2 052	0.	0.
CHIEF EXECUTIVE OFFICER (2) AMIR MONTAZERY	0 15	<del> </del>			X	$\vdash$	Н	2,052.		<u> </u>
VP - BUSINESS DEVELOPMENT	0	<u> </u>			Х			2,052.	0.	0.
(3) ZACHARY GRAVES  VP - DESIGN	$-\frac{15}{0}$				Х			2,052.	0.	0.
(4)									_	
(5)										
(6)										
<u></u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
									<del> </del>	Corm 000 (2010)

2.4.0	R. Mily Section A. Officers, Directors, In	ustees,	ney	E.II	apre	oye	es,	an	a nignest con	ipensated Em	pioyees (continuea)
	(A) Name and title	Average hours per week	box.	. unle	Pos heck ess po nd a	erson direct	than is bot or/trus	h an stee)	Reportable compensation from	(E)  Reportable  compensation from	(F) Estimated amount of other
		(list any	Individual bustee or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the organization and related organizations
(15)			-					-			
(16)											
(17)								-			
(18)											
(19)											
(20)										<u></u>	
(21)											
(22)											
(23)											
(24)											
(25)											
	Sub-total  Total from continuation sheets to Part VII, Section	 on A						<b>&gt;</b>	6,156. 0.	0. 0.	0.
d	Total (add lines 1b and 1c)							<b>•</b>	6,156.	0.	0.
2	Total number of individuals (including but not limited from the organization ► 0	to those In	sted a	bov	'e) w	/ho r	ecen	/ed		0 of reportable com	
3	Did the organization list any former officer, direct	or or trus	stee.	kev	em	nlov	ee. o	or h	ughest compensat	ed employee	Yes No
	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such For any individual fisted on line 1a, is the sum of										3 X
	the organization and related organizations greate such individual	r than \$15		02 /	it Y	es,' 	com	ple.	te Schedule J for		4 X
	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes tion B. Independent Contractors	compens complet	e Scl	n tro hedu	om a ule .	Iny I	suc	ate h p	d organization or i erson	individual	. 5 X
1	Complete this table for your five highest compens	ated inde	pend	ent	con	trac	tors	tha	t received more th	an \$100,000 of	
	compensation from the organization. Report compens (A) Name and business addr		he ca	lend	ar y	ear	endir	ng w	(B)		(C)
	ivame and business addr	ess 							Description o	i services	Compensation
								$\exists$			
	Total number of independent contractors (including bi \$100,000 of compensation from the organization		ed to	thos	se lis	sted	abov	re) v	who received more t	than	
BAA		m	EEA01	08L	08/03	1/18					Form 990 (2018)

E CALLED	202170	Check if Schedule O	contains	a resp	onse or note to a	ny line in this Part \	ZHL .		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats a	1	a Federated campaigns		1 a					
Contribut ons, Gifts, Grants	3	<b>b</b> Membership dues		1 b					
		c Fundraising events		1 c					
<u> </u>	<u>i</u>   '	d Related organizations		1 d					
, S. 2.	,	e Government grants (contribut	· }	1 e					
# #	:   ·	<ul> <li>All other contributions, gifts, similar amounts not included</li> </ul>	grants, and	71	966 461				
£ 6	;	g Noncash contributions on lock	Ļ		265,461.				
00.6		h Total. Add lines 1a-1f		•		265,461.			
		· · · · · · · · · · · · · · · · · · ·			Business Codo			T-0.126-12-14-13	
Program Service Revenue	2	3 _ <b></b>		[					
å.	1	b							
Ğ.	1	: :					<del></del>	ļ	
8	9	1 							
Ē		All other program servi		( <b>-</b> -		<del> </del>	<del> </del>		
වී	;	Total. Add lines 2a-2f	ce revenue	L	*				
	3	Investment income (inc	duding divi	dends	interest and		如 1941年 1951年 1951	CHARLES AND	
		other similar amounts)	naanig aivi	40,740	•	-			
	4	Income from investmen	nt of tax-ex	empt	bond proceeds. >				
	5	Royalties		<del></del>	•				
		C	(ı) Re	al	(ii) Personal				Control of the contro
	1 -	i Gross rents i Léss rental expenses	<del></del>				And the particular of the control of		
	1	Rental income or (loss)	<b></b>		<del> </del>				
	1	Net rental income or (id	l DSS) .		<u> </u>		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		
	1	Gross amount from sales of	(i) Securi	ties	(ii) Other				
	′'	assets other than inventory							
	١,	Less, cost or other basis							
		and sales expenses							
		: Gain or (loss)							
	•	Net gain or (loss) .			·	TOP TO STREET AND PROPERTY OF THE PROPERTY OF	25 See Oak on Allen of the		M PROGRAMMAN PROGRAMMAN AND PROGRAMM
Revenue	8 a	Gross income from fund (not including \$							
ě		of contributions reporte	d on line 1	c).					
	١.	See Part IV, line 18		a					
Other	i .	i Less, direct expenses : Net income or (loss) fro	on fundrais	ם מחוי	vente P				
0	Į				veins				200
	9 a	Gross income from garr See Part IV, line 19.	ning activiti	,. a					
	b	Less: direct expenses		b					
	c	Net income or (loss) fro	m gaming	activi	ties	- Applyone Table Barrens and Times			
	10 a	Gross sales of inventory and allowances	y, less retu	rns					
				ن د					
	l.	Less: cost of goods sold		. D	L				
	_ <u>-</u> c	Net income or (loss) fro Miscellaneous Revenu		niver	Business Code				
	11 a			$\dashv$		2000年2月1日日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日	oortestantintentingen	CONTRACTOR DANGER MANAGEMENT	
	b								
	c								
	d	All other revenue							
		Total. Add lines 11a-11d			-				
	12	Total revenue. See insti	ructions		<u> </u>	265,461.	0.	0.	0.
BAA					TEE	40109L 08/03/18			Form 990 (2018)

Part X: Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 171,860 171,860 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0. trustees, and key employees 6,156 6,156 0 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. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes . Fees for services (non-employees): a Management **b** Legal c Accounting... d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 399 12 Advertising and promotion. 399 13 Office expenses 343. 343. 14 Information technology . . 15 Royalties .. 16 Occupancy 17 Travel 876 876 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest . 21 Payments to affiliates 22 Depreciation, depletion, and amortization. 23 Insurance . 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.) a WEBSITE/INTERNET\_COSTS 670 670 444 b BANK CHARGES 444 158 158 c COMPLIANCE FILING 13 13 d POSTAGE AND SHIPPING e All other expenses. . . . 0 0. 180,919. 180,919. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ► ☐ if following SOP 98-2 (ASC 958-720) . .

(R 20)		Check if Schedule O contains a response or note to any line in this Part X .		•	
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing .	204,042.	1	288,584.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	Б	I nans 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		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1.7	9	
	10 a	Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D			
	Ł	Less, accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11 .	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	13	
	14	Intangible assets.		14	
	15	Other assets, See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	204,042.	16	288,584.
_	17	Accounts payable and accrued expenses	2017012.	17	20070011
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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.		25	
]	26	Total liabilities. Add lines 17 through 25	0.	26	0.
ances		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ě	27	Unrestricted net assets .	204,042.	27	288,584.
	28	Temporarily restricted net assets.		28	
7	29	Permanently restricted net assets		29	
Net Assets or Fund Ba		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Ø	30	Capital stock or trust principal, or current funds.		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
e	33	Total net assets or fund balances .	204,042.	33	288,584.
Z	34	Total liabilities and net assets/fund balances	204,042.	34	288,584.
BA	1	TEEA0111L 08/03/18			Form 990 (2018)

Forr	990 (2018) OPEN SOURCE TECHNOLOGY IMPROVEMENT	47-	389739	5	Pa	age 12
	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	2	65,4	461.
2	Total expenses (must equal Part IX, column (A), line 25)		2	13	80,9	919.
3	Revenue less expenses. Subtract line 2 from line 1		3	1	84,	542.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	2	04,0	042.
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
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	28	38.5	584.
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain			- 1		
	in Schedule O.					
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	viewe	ed on a			
	Were the organization's financial statements audited by an independent accountant?.			2ь		Ιx
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a si	enara	te			200
	basis, consolidated basis, or both	<b>5</b>				
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt,		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	•		3 a		х
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d aud	it	3 Б		
BAA	TEEA0112L 08/03/18			Form	990 (	(2018)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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.

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

OMB No 1545-0047

2018

Name	of the organization OPEN SOURCE	CE TECHNOLOGY	IMPROVEMENT			Employer identific	cation number				
retories.	FUND, INC. 47-3897395										
	Reason for Public Charity Status (All organizations must complete this part.) See instructions.  The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
	<u> </u>		•		-	•	_				
1											
	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										
4	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	A federal, state, or local government	vernment or governm	ental unit described in :	section	170(b)(1	)(A)(v).					
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial (Complete Part II.)	part of its support from a	governn	nental ur	nit or from the general pu	blic described				
8	A community trust described	d in section 170(b)(1)	(A)(vi). (Complete Part	11)							
9	An agricultural research organ	nization described in se	ction 170(b)(1)(A)(ix) ope	rated in o	coniuncti	on with a land-grant coll	eqe				
-	or university or a non-land-gra										
	university:				-						
10	An organization that normally from activities related to its investment income and unreduced June 30, 1975. See section	exempt functions—su elated business taxab	ibject to certain exception le income (less section	ons, and	i (2) no	more than 33-1/3% of	its support from aross				
11	An organization organized a	and operated exclusiv	ely to test for public saf	ety. See	e section	n 509(a)(4).					
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
a	Type I. A supporting organization(s) the power to re	ion operated, supervise	ed, or controlled by its sui	poorted o	oroanizat	lion(s), typically by giving	the supported on. <b>You must</b>				
	complete Part IV, Sections	A and B.									
b	Type II. A supporting organi, management of the supporting must complete Part IV, Section 11.	i organization vested ir	controlled in connection the same persons that c	with its control or	suppor manage	ted organization(s), by the supported organizat	having control or ion(s). You				
¢	Type III functionally integrated organization(s) (see instruct	I. A supporting organizations). You must com	tion operated in connection plete Part IV, Sections	n with, a A, D, an	nd functi d <b>E.</b>	onally integrated with, its	supported				
d	Type III non-functionally integ functionally integrated. The instructions) You must com	organization generally	v must satisfy a distribu	ition rea	with its : uiremen	supported organization(s it and an attentiveness	) that is not requirement (see				
е	Check this box if the organiz	ation received a write	ten determination from	the IRS	that it is	s a Type I, Type II, Typ	e III functionally				
	integrated, or Type III non-fu Enter the number of supported		supporting organization	١.							
	Provide the following information	•	d organization(s)								
	Name of supported organization		<del>,</del>	T 4.		(v) Amount of monetary	(vi) Amount of other				
	() Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	ls the tion listed poverning ment?	support (see instructions)	support (see instructions)				
				Yes	No						
		<del> </del>	<u> </u>	163	140						
				1	İ						
(A)				<del> </del>	<u> </u>						
(B)											
(C)											
(D)											
<u>(E)</u>			NB ZODANA (hagasa la El ala								
Total											

	(Complete only if you checked organization fails to qualify	the box on line 5, under the tests li	. 7, or 8 of Part I or sted below, pleas	r if the organization e complete Part I	tailed to/quality u	nder Part III. If the		
Sec	tion A. Public Support	<i>\</i>						
	endar year (or fiscal year Inning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	77.00	V			′		
	ndar year (or fiscal year nning in) ►	(a) 2014	<b>(b)</b> 201/5	<b>(c)</b> 2016	( <b>d)</b> 2017	<b>(e)</b> 2018	(f) Total	
7	Amounts from line 4 .		/	<b>\</b>		<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on.							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).	, /						
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc. (see in:	structions)	•	• \	12		
	First five years. If the Form 990 is organization, check this box and	stop here .	• • •	ird, fourth, or fifth t		on 501(c)(3)	• 🗍	
	tion C. Computation of Pul							
	Public support percentage for 20 Public support percentage from 2	· /	• •	ne II, column (f))	· · · \	. 14	% %	
16a	33-1/3% support test-2018. If the and stop here. The organization				d line 14 is 33-1/3	3% or more, check	this box	
b	b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10%-facts-and-circumstances test—2018. 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 organization.							
	b 10%-facts-and-circumstances test—2017. 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 supported organization.  8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
	rnvate toundation. It the organiz	ation aid not che	ck a box on line l	3, 16a, 16b, 1/a,			7	
BAA			TEEA0402L	06/07/18	Scl	hedule A (Form 996	0 or 990-EZ) 2018	

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 fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) >	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include			125 416	100 005	205 401	£72 770
2	any 'unusual grants.') 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			115,416.	192,895.	265,461.	573,772.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		<b></b>				0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or						0.
J	facilities furnished by a governmental unit to the organization without charge.						0.
	Total. Add lines 1 through 5	0.	0.	115,416.	192,895.	265,461.	573,772.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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						0
_	Add lines 7a and 7b	0.	0.	0.	0. 0.	0. 0.	<u>0.</u> 0.
	Public support. (Subtract line	0.	0.	U.	0.	U.	<u> </u>
	7c from line 6.)						573,772.
Sec	tion B. Total Support			······	, ,		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
-	Amounts from line 6	0.	0.	115,416.	192,895.	265,461.	573,772.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
C	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	115,416.	192,895.	265,461.	573,772.
14	First five years. If the Form 990 organization, check this box and	s for the organiza stop here	tion's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(	<sup>3)</sup> ► X
	tion C. Computation of Pul						
	Public support percentage for 20			ie 13, column (f))		15	%
	Public support percentage from 2					16	용
	tion D. Computation of Inv					1 1	<u> </u>
17	Investment income percentage for				mn (t))	. 17	% %
18	Investment income percentage fi				dino 15	18	
	33-1/3% support tests—2018. If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	rted organization	· · · • []
	33-1/3% support tests-2017. If t line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	organization qua	alifies as a publicly	y supported orgai	nization -
20	Private foundation. If the organiz	ation did not chec	k a box on line 1	4, 19a, or 19b, ch	neck this box and	see instructions .	20 200 577 2010

Part V 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

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- 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
- c 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.
- 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.
- 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
- c 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.
- 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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 in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- 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.
- c 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
- 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
  - **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)

		Yes	No
	路路		
	1		
		<b>AND 18</b>	
	2		1
	<b>35</b>		
	3a	)	1000
	<b>E</b>	100	
	3b	CONTRACTOR CO.	10010000
		VALUE STA	
	3c		
	4a		
	4b		1
	4c		THE SERVICE
	44C	ALC: NO.	
	5a	(minute)	ace21596*
	1 1		25/19/32
	5b		<b></b>
	5c		l
			<b>医</b>
	6		
			<b>N</b>
	7	rofac,stagg	THE CONTRACTOR
	क्षारकश्र <b>ा</b>	ग्रह्म व	
			2.524234
	8	es persone	<u>स्थानिकाल</u> ा
	9a		
	9ъ		
	9c	- LINGS	- CONTRACTOR
		<b>1</b>	200
	10a	CONTRACTOR OF THE PARTY OF THE	WINDS SERVICE
		201	
İ	の意識を	232	<b>-2353</b>

P	Supporting Organizations (continued)			
			Yes	No
71	Has the organization accepted a gift or contribution from any of the following persons?  a 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		ļ
	b A family member of a person described in (a) above?	11b		<del> </del>
<u></u>	c 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	L	
<u> </u>	ction B. Type I Supporting Organizations		V	
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	Yes	No
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? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction 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		
Sec	tion 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 Instructions).			
•	The organization satisfied the Activities Test Complete line 2 below			
1	The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	nstruct	ions).	
2	Activities Test. Answer (a) and (b) below.	to service	Yes	No
á	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		
ŧ	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.			
a	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? Provide details in Part VI.	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		

	edule A (Form 990 or 990-EZ) 2018 OPEN SOURCE TECHNOLOGY IMPROVEN			97395	Page
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	aniza	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on N	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). <b>See</b> through E.	
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			·
Sec	ction B – Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	Year I)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).				
	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			
ı	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			
Sec	tion C — Distributable Amount			Current Ye	ear
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 emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting orga	anization	

47-3897395

Pa	Type III Non-Functionally Integrated 509(a)(3)			77373 rage
Sec	Current Year			
1	Amounts paid to supported organizations to accomplish exempt p	ourposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4	Amounts paid to acquire exempt-use assets	<del></del>		-
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 which the organiza in Part VI). See instructions.	ition is responsive (provide	details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iil) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2018			
ē	From 2013 .			
t	From 2014			
-	From 2015			
C	From 2016 .			
•	From 2017			
	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)	<u> </u>		
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
þ	Excess from 2015.			
	Excess from 2016			
d	Excess from 2017			

e Excess from 2018. . . BAA

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 0** (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.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization OPEN SOURCE TECHNOLOGY IMPROVEMENT FUND, INC

Employer identification number 47-3897395

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.