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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCANNED AUG 0 1 2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public inspection

| A | For t | the 2005 calend | dar year, o | r tax year beginning | , 2 | 2005, and | ending | | | • | |
|----------------|-----------------------------------|---------------------|----------------------------|--|---------------------------|-------------|----------------------------------|-------------|--|---------------------------------------|------------------------|
| В | Check | if applicable: | | | | | | D Em | doyer id | entification Number | |
| | \prod_{A} | ddress change | Please use IRS label | OPEN SOURCE DEVELOR | MENT LABS, | INC. | | 46 | 5-050 | 3801 | |
| | \prod_{N} | ame change | or print or type. | 12725 S.W. MILLIKAN | | | | | phone n | | |
| | Ir | nital return | See specific | BEAVERTON, OR 97005 | 5-1641 | | | (5 | 503) | 626-2455 | |
| | ΠF | inal return | instruc- tions. | | | | | F Acc | | | Accrual |
| | $\square_{\scriptscriptstyle{A}}$ | mended return | | | | | | "" | 1 | specify) | 7, |
| | \vdash | pplication pending | • Section | on 501(cY3) organizations and | 4947(a)(1) nonexen | not | H and I are not applie | cable to s | | | |
| | | | charit | on 501(c)(3) organizations and one of the trusts must attach a comp | leted Schedule A | ٠٠,٣٠ | H (a) Is this a grou | | | · — | X No |
| _ | | | • | 990 or 990-EZ). | | | H (b) If 'Yes,' enter | • | | | · |
| G | Web | site: ► OSDL | .ORG | | | | H (C) Are all affilia | | | Tyes | □ No |
| J | Orga | inization type | _ | v | | | (If 'No,' attac | | | | |
| | | ck only one). | | X 501(c) 6 ◀ (insert no | | 527 | H (d) is this a sepa | arate retu | m filed b | v an | |
| K | | | | nization's gross receipts are no | | | organization | | | _ | X No |
| | ⊅∠⊃, choc | oses to file a re | nization ne eturn, be s | ed not file a return with the IRS ure to file a complete return, S | o; but it the organiz | zation | I Group Ex | emption | Numb | | 1207 110 |
| | com | plete return. | | | | _ | | | | zation is not require | ed ed |
| \overline{L} | Gros | s receipts: Add | lines 6b. | 8b, 9b, and 10b to line 12 ► 9 | ,984,050. | | | | | 0, 990-EZ, or 990-P | |
| Pa | | | | ses, and Changes in Ne | | nd Bala | nces (See Instr | uctions | <u>` </u> | · | |
| | 1 | | | nts, and similar amounts receiv | | -1 | (000 11100 | 4040110 | | | |
| | | | | | | . 1a | 2,275 | 000 | | | |
| | | Indirect public | | | | 118 | | , , , , , , | 1 1 | | |
| | | - | | ns (grants) | | 10 | | | 1 1 | | |
| | d | Total (add lines | arh \$ | 2,275,000. noncash | · · · | | | | 14 | 2,275 | 000 |
| | 2 | | | ue including government fees a | | | | | 2 | 2,2,0 | , 000. |
| | 3 | | | assessments | | | | | 3 | 7,420 | 994 |
| | 4 | Interest on sa | avings and | temporary cash investments | | | • •• | • | 4 | | ,770. |
| | 5 | | | from securities. | | | | • • | 5 | 100 | , , , , , . |
| | 6a | Gross rents | | | • | 6a | | ••• | | | |
| | | | | | | | | | | | |
| | | | | ss) (subtract line 6b from line 6 | | | <u> </u> | | 6c | | |
| ь | 7 | | | ne (describe | | | | } | 7 | | |
| アニン 世 三 フェ | 0 | | | | (A) Securities | | (B) Othe | | | | |
| Ě | 04 | | | es of assets other | | 8a | | | 1. 1 | | |
| ÿ | ь | | | s and sales expenses | | 8b | , | | | | |
| - | | | | e) | | 80 | | | | | |
| | | | | oine line 8c, columns (A) and (| | | | | 84 | | |
| | 9 | - | | vities (attach schedule). If any | • • | ming, che | ck here | | | | |
| | a | Gross revenu | | | of contribution | | | | | | |
| | | reported on li | | | | 9a | d . | | | | |
| | ь | Less: direct e | xpenses o | ther than fundraising expenses | i | 9ь | | | | | |
| | c | Net income o | r (loss) fro | m special events (subtract line | 9b from line 9a) | | | | 9c | | |
| | 10 a | Gross sales o | of inventor | y, less returns and allowances | | 10a | ı] | | 1.1 | · · · · · · · · · · · · · · · · · · · | |
| Î | b | Less: cost of | goods sole | d | , | 10 в | | | | | |
| | C | Gross profit or (le | oss) from sal | es of inventory (attach schedule) (subtr | act line 10b from line 16 | 0a).[| | | 10c | | |
| | 11 | Other revenue | e (from Pa | art VII, (ine 103) | | . [| RECEIVE | ח | 71 | 119 | ,286. |
| | 12 | Total revenue | (add line | s 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1 | 0c, and 11) | | | ··· 7 | 12 | 9,984 | |
| - | 13 | | | line 44, column (B)) | | 712 | JUN 2.3 201 | i g | 13 | | |
| X | 14 | Management | and gener | ral (from line 44, column (C)) | | 17] | JUN 2:3 200 | 16 5 | 14 | | |
| E | 15 | | - | 14, column (D)) | | . | The second section is the second | o c | 15 | | |
| SES | 16 | | | | | . L (| OGDEN, U | Ţ | 16 | | |
| \$ | 17 | | | es 16 and 44, column (A)) | | | | | 17 | 11,980 | ,189. |
| Δ | 18 | | | ne year (subtract line 17 from li | | | | | 18 | -1,996 | |
| N S | 19 | - | - | nces at beginning of year (from | • | | | | 19 | 9,205 | |
| ŤĚ | 20 | | | ssets or fund balances (attach | - | | | | 20 | | ,771. |
| Š | 21 | | | nces at end of year (combine li | | | | | 21 | 7,169 | |

69

Fart II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | , | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|----------|--|----------|------------------------|---------------------------------------|---------------------------------------|---|
| 22 | Grants and allocations (att sch) SEE STM 2 (cash \$ 1375000. non-cash \$) | | | | | |
| | If this amount includes foreign grants, check here. | 22 | 1,375,000. | | | |
| 23 | The second of th | 23 | | | | ", |
| 24 | Benefits paid to or for members (att sch) | 24 | 455 274 | | `` | ` |
| 25 26 | Compensation of officers, directors, etc | 25 | 455,374. 4,590,410. | | | |
| 26 27 | Other salaries and wages | 26 27 | 359, 182. | | | |
| 28 | • | | | | | |
| | Other employee benefits | 28 | 440,110. | | | |
| 29 | Payroll taxes | 29 | 409,238. | | | |
| 30 | Professional fundraising fees | 30 | 120 077 | | | |
| 31 | Accounting fees | 31 | 132,277. | | | |
| 32 | Legal fees | 32 | 391,723. | | | |
| 33 | Supplies | 33 | 47,056. | | | |
| 34 | Telephone | 34 | 131,032. | | | |
| 35 | Postage and shipping | 35 | 15,593. | | | |
| 36 | Occupancy | 36 | 650,925. | | | |
| 37 | Equipment rental and maintenance | 37 | 17,470. | | | |
| 38 | Printing and publications | 38 | 19,096. | | | |
| 39 | Travel | 39 | 510,725. | | | |
| 40 | Conferences, conventions, and meetings | 40 | 302,228. | | | |
| 41 | Interest | 41 | | | | |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 | 196,283. | | | |
| | Other expenses not covered above (itemize) SEE STATEMENT 3 | 43a | 1,936,467. | | | |
| | · | 43b | =,000,1011 | | - | |
| | _ | 43c | | | | |
| | | 43d | | | | |
| Ì | d | 43e | | | | |
| , | | 431 | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · |
| Ì | ' | 43g | | | | |
| 44 | Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15). | 44 | 11,980,189. | | | |
| Join | t Costs. Check. If you are following s | SOP 98 | | · · · · · · · · · · · · · · · · · · · | _ · · | - |
| | any joint costs from a combined educational | | | citation reported in (B) F | Program services? N/A | . ► Yes No |
| | es,' enter (1) the aggregate amount of these | | | | nount allocated to Progr | |
| \$_ | | • | to Management and gen | | ; and (iv) the | |
| to Fi | Indraising \$ | | | | | |
| RΔA | | | | | | Form 998 (2005) |

| | OURCE DEVELOPMEN | T LABS, INC. | | 46-05 | 03801 | Page : |
|--|-----------------------------|--|--|---------------------------------|--|--------------|
| Part III Statement of | Program Service Acc | complishments | | | | |
| Form 990 is available for public organization. How the public please make sure the return is | perceíves an organization i | n such cases may be determi | ned by the information pre | esented on | its return. The | erefore, |
| What is the organization's prin All organizations must describ clients served, publications iss izations and 4947(a)(1) nonex | | SEE STATEMENT 4 chievements in a clear and column and the chievements that are not measurable also enter the amount of grant and the chievement of grant and the chievement of grant and the chievement and | ncise manner. State the n le. (Section 501(c)(3) and ants and allocations to oth | umber of (4) organ- ers.) | Program Service (Required for 50 (4) organizate 4947(a)(1) tr optional for | Ol(c)(3) and |
| a | | | | | | |
| | | | | | | |
| (Grants and allocations | \$ |) If this amount include | s foreign grants, check he | re 🕨 | i | |
| (Grants and allocations | |) If this amount include | s foreign grants, check he | re ► | | |
| c | | , ii dio di ii di ii di di di di di di di di di | | | | - |
| (Grants and allocations | \$ |) If this amount include | s foreign grants, check he | re ► | | |
| | | | | | | |

) If this amount includes foreign grants, check here

) if this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

BAA

(Grants and allocations

(Grants and allocations \$

• Other program services

Form 990 (2005)

Part IV Balance Sheets (See Instructions)

| Note: | Wh col | ere required, attached schedules and amounts within umn should be for end-of-year amounts only | the description | (A) Beginning of year | | (B) End of year |
|---------------|---|--|-----------------------|--------------------------|------------|------------------------|
| | 45 | Cash – non-interest-bearing | | 45 | | |
| | 45 Savings and temporary cash investments | | | 9,342,277. | 46 | 7,495,369. |
| | <i>1</i> 7 • | Accounts receivable | 47a 136,666. | : | - 1 | |
| | | Less: allowance for doubtful accounts | 47b 130,000. | 102,666. | 47c | 136,666. |
| | _ | Less, allowance for doubtful accounts | 4/0 | 102,000. | 4/6 | 130,000. |
| | 48 a | Pledges receivable. | 48a | ; | | |
| | ь | Less: allowance for doubtful accounts | 48b | | 48c | |
| | 49 Grants receivable | | | | 49 | |
| ASSETS | 50 | Receivables from officers, directors, trustees, and keemployees (attach schedule) | ey | 23,549. | 50 | 2,644. |
| Ē | 51 a | Other notes & loans receivable (attach sch) | 51 a | | | • • |
| s | b | Less: allowance for doubtful accounts | 51 b | | 51 c | |
| | 52 | Inventories for sale or use | | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | 237,597. | 53 | 188,413. |
| | 54 | Investments - securities (attach schedule) | ► Cost FMV | | 54 | |
| ŀ | 55 a | Investments - land, buildings, & equipment: basis | 55 a | | | |
| | ь | Less: accumulated depreciation (attach schedule) | 55 b | | 55 c | |
| | 56 | Investments - other (attach schedule) | | | 56 | |
| | | Land, buildings, and equipment: basis | 57a 4,213,673. | | | |
| | b | Less: accumulated depreciation (attach schedule) STATEMENT. 5 . | 57b 3,995,364. | 292,724. | 57 c | 218,309. |
| | 58 | Other assets (describe ► |) | | 58 | |
| | 59 | Total assets (must equal line 74). Add lines 45 throu | gh 58 | 9,998,813. | 59 | 8,041,401. |
| | 60 | Accounts payable and accrued expenses | | 644,285. | 60 | 575,358. |
| ۲ I | 61 | Grants payable | | | 61 | |
| Á | 62 | Deferred revenue | | 149,269. | 62 | 296,694. |
| Ĭ | 63 | Loans from officers, directors, trustees, and key employees (attach | schedule) | | 63 | |
| BILIT | 64 a | Tax-exempt bond liabilities (attach schedule) . | | | 64a | |
| E S | Ь | Mortgages and other notes payable (attach schedule) | | | 64ъ | |
| š | 65 | Other liabilities (describe |) | | 65 | |
| | | Total liabilities. Add lines 60 through 65 | <u> </u> | 793,554. | 66 | 872,052. |
| F C | rgani | | nd complete lines 67 | | | |
| T | 67 | through 69 and lines 73 and 74. | | 0 205 250 | _ | 7 160 240 |
| § | 67 60 | Unrestricted | | 9,205,259. | 67 | 7,169,349. |
| € CONTINUE OF | 68 69 | Temporarily restricted | | <u></u> | 68 | |
| | | Permanently restricted. | | | 69 | |
| 8 0 | rgani | zations that do not follow SFAS 117, check here | and complete lines | | ` | |
| ξĺ | 70 | 70 through 74. | | | 70 | |
| E B | | • | | | 70 | |
| | 71 72 | Paid-in or capital surplus, or land, building, and equi | • | | 71 | |
| <u>}</u> | 72 | Retained earnings, endowment, accumulated income | | · | 72 | ·-· |
| BALAZUES | | Total net assets or fund balances (add lines 67 through 72; column (A) must equal line 19; column (B) must | 9,205,259. | 73 | 7,169,349. | |
| L | 74 | Total liabilities and net assets/fund balances. Add lin | nes 66 and 73 | 9,998,813. | 74 | 8,041,401. |
| BAA | | | | | | Form 990 (2005) |

| | rm 990 (2005) OPEN SOURCE DEVE | | | | 03801 Page 5 |
|----|--|--|---------------------------------------|-----------------------|-----------------------------|
| P | art IV-A Reconciliation of Revenu | e per Audited Financia | al Statements with | Revenue per Ret | um (See |
| _ | instructions.) | | | | |
| | - | | | | 0.004.050 |
| a | Total revenue, gains, and other support | | nts | | 9,984,050. |
| þ | Amounts included on line a but not on Pa | | ام ا | | |
| | 1Net unrealized gains on investments | | | | |
| | 2Donated services and use of facilities. | | b2 | | |
| | 3Recoveries of prior year grants | | | | |
| | 4Other (specify): | | | | |
| | | | | | |
| | Add lines b1 through b4 | | | 🗀 | b |
| C | Subtract line b from line a | | | | 9,984,050. |
| d | Amounts included on Part I, line 12, but | not on line a: | | | |
| | 1 Investment expenses not included on Pa | rt I, line 6b | d1 | | |
| | 2Other (specify): | | F | | |
| | | | امير ا | | |
| | Add lines d1 and d2 | | | | 4 |
| _ | Total revenue (Part I, line 12). Add lines | | | · • | 9,984,050. |
| Ď | art IV-B Reconciliation of Expens | as nor Audited Financi | al Statements wit | h Evpenses per D | |
| | ast 34-12 Neconculation of Expens | es per Audited Financi | IAI Statements Wit | II Exbelises bel v | eturn |
| | - | | | | 11 000 100 |
| a | Total expenses and losses per audited fire | | | | 11,980,189. |
| Ь | Amounts included on line a but not on Pa | · | 1 1 | | |
| | 1Donated services and use of facilities . | | b1 | | |
| | 2 Prior year adjustments reported on Part | l, line 20 | . b2 | | |
| | 3Losses reported on Part I, line 20 | | ьз | | |
| | 4Other (specify): | | | | |
| | | | 1 6.41 | | |
| | Add lines b1 through b4 | | | | o l |
| С | Subtract line b from line a | | | | 11,980,189. |
| d | Amounts included on Part I, line 17, but | | | <u> </u> | |
| _ | 1 Investment expenses not included on Pa | | 41 | | |
| | | | | | |
| | 2Other (specify): | | _{d2} | | |
| | | | | | |
| | Add lines d1 and d2 | | • • • | · | 11 000 100 |
| - | Total expenses (Part I, line 17). Add line | | | | 11,980,189. |
| | Current Officers, Director | rs, Trustees, and Key E | imployees (List ead | h person who was an o | officer, director, trustee, |
| | or key employee at any time dur | , | · · · · · · · · · · · · · · · · · · · | (D) Contributions to | (E) Expense |
| | (A) Name and address. | (B) Title and average hours per week devoted | (C) Compensation (If not paid, | employee benefit | account and other |
| | (A) Name and address | to position | enter -0-) | plans and deferred | allowances |
| | | | | compensation plans | <u> </u> |
| | | | | | |
| | | | | | |
| SE | E STATEMENT 6 | | 455,374. | 0. | 0. |
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| B/ | W | TEEA0105L 1 | 10/17/05 | | Form 990 (2005) |
| | | | | | (2000) |

46-0503801

Form 990 (2005) OPEN SOURCE DEVELOPMENT LABS, INC.

| Part V-1 Other Information (See the instructions) Trustees, and Key Employees (continued) Yes No No No No No No No No | Form 990 (2005) OPEN SOURCE DEVELOPME | NT LABS, IN | C | 46-050380 | 01 | F | age 6 | |
|--|---|--|--|--|-----------------------|--------------|--|--|
| b Are any officers, directors, frustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes, attach a statement that identifies the individuals and opplans the relationship(s) c Do any officers, directors, frustees, or key employees listed in form 990, Part V-A, or highest compensated employees and opplans the relationship (s) A, Part II-A or II-B, receive compensation from many other organizations, white the compensation of the state of the | Part V-A Current Officers, Directors, Tru | ustees, and Ke | y Employees (continued | 1) | | Yes | No | |
| listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II A or III.3, related to each other through family or business relationships? If "res, attach a statement that etc. It is a statement that the contract of th | 75a Enter the total number of officers, directors, and trustees pr | ermitted to vote on orga | anization business as board meeting | ıs . ► <u>12</u> | | | | |
| c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or inghest compensated employees listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization trusting common supervision or common control? Note, Related organizations include section 509(a)(3) supporting organizations, whether tax exempt or taxable, that are related to this organization include section 509(a)(3) supporting organizations. If Yes, attach a statement that identifies the individuals, suplains the relationship between this organization and the other organization have a written conflict of interest policy? Fart V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, fusited, or key employee received compensation or Other benefits of the sprant of the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (D) Contributions to end of the instructions of the instructio | listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu | nsated professiona igh family or busin | I and other independent cor | ntractors listed in Schedule | | <u> </u> | | |
| listed in Schedule A, Part I, or highest compensation or from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note, Related organizations include section from any other organizations. If Yes, attach a statement that identifies the individualis, explains the relationship between this organization and the other organization of describes the compensation arrangements, including amounts paid to each individual by each related organization of Decision or Common and the other organization of the organization of the organization of the pendits (if any former officer, director, trustee, or few employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or few employees received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year list of the person below the state of the list of the person below the state of the person below the state of the list of the person below the state of the person below the person below the state of the list of the person below the state of the list of the person below the state of the list of the person below the state of the list of the person below the state of the list of t | · | | | t companyated employees | /50 | | | |
| Note. Related organizations include section 509(a)(3) supporting organizations. If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each of the organization have a written conflict of interest policy? Part VE Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, tustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) the instructions. (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (D) Contributions to employee benefit plans and deferred compensation plans (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans and deferred compensation plans (C) Compensation (D) Compensation (D) Compensation (D) Compensation (D) Compensation (E) Loans and Advances (D) Compensation (D | listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related | | | | | | | |
| If Yes, attach a statement that identifies the individuals, explains the relationship between this organization and the other organization and describes the compensation arrangements, including amounts paid to each individual by each of the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustees, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (D) Contributions to employee the benefit plans and deferred compensation plans (D) Contributions to employee the propriate column. See the instructions (B) Loans and Advances (C) Compensation (C) Compensation plans (C) Expense and Advances (C) Compensation (C) Compensation (C) Compensation (D) Contributions to employee the instructions (D) Contributions | | | | | | | | |
| other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization and poses the organization and poses the organization and poses. It is that person below and enter the amount of compensation or other benefits (described blow) during the year, list that person below and enter the amount of compensation or other benefits (described blow) during the year, list that person below and enter the amount of compensation or other benefits (described blow) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (C) Compensation (D) Contributions to employee benefit plans and deferred compensation plans (E) Expense account and other allowances (E) Expense account and other that the account and other than be accounted to the IRS? If Yes, attach a conformed copy of the changes. (F) Uther Information (See the instructions) (F) Uther Information (See the instructions) (F) Expense account and other than be accounted to the IRS? If Yes, attach a conformed copy of the changes. (F) Uther Information (See the instructions) (F) Uther Information (Se | | | | | | | | |
| Part VF Other Information (See the instructions) Yes No | other organization(s), and describes the compe | ndividuals, explain ensation arrangem | s the relationship between t ients, including amounts pai | his organization and the discount to each individual by each | n | | ` , | |
| Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (idescribed below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans and deferred compensation plans (E) Expense account and other allowances (E) Expense account and other allowances (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans and deferred compensation plans (E) Expense account and other allowances (E) Expense account and other plans account and other plans and deferred compensation plans (E) Expense account and other plans account and other plans account and other plans and deferred compensation plans (F) Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity (F) Expense account and other plans account and oth | d Does the organization have a written conflict of | f interest policy? . | | · · · · · · · · · · · · · · · · · · · | | | | |
| Advances employee benefit plans and deferred compensation plans account and other allowances Part Vi Other Information (See the instructions) Yes No | Benefits (If any former officer, director during the year, list that person below a | or, trustee, or key and enter the amou | employee received compen- unt of compensation or othe | sation or other benefits (des r benefits in the appropriate | scribed be column. | elow) See | | |
| 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | (A) Name and address | | d (C) Compensation | employee benefit plans and deferred | account a | and of | ther | |
| 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | | | | | | | |
| 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | | | | | | | |
| 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | | | | | | | |
| 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | | | | | | | |
| 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | | | | | | | |
| 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | | | | | | | |
| 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | | | | | | , | |
| attach a detailed description of each activity. 76 | Part VI Other Information (See the instruct | tions) | | | | Yes | No | |
| If 'Yes,' attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 78b N/A 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 79 X 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? 80a X b If 'Yes,' enter the name of the organization ► N/A and check whether it is exempt or nonexempt. | 76 Did the organization engage in any activity not attach a detailed description of each activity | previously reporte | | | 76 | | _ | |
| 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 78b N/A 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? 80a X 80a X and check whether it is exempt or nonexempt. | | - | nts but not reported to the IF | RS? | . 77 | | X | |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? 78b N/A 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? 80a X b If 'Yes,' enter the name of the organization > N/A and check whether it is exempt or nonexempt. | | | | | | | | |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement | | | • | ar covered by this return? | | | _ | |
| year? If 'Yes,' attach a statement | b If 'Yes,' has it filed a tax return on Form 990-T | for this year? | | | 78Ь | N/ | A | |
| 80a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? | 79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement | n, or substantial co | ontraction during the | | 79 | | Х | |
| b If 'Yes,' enter the name of the organization ► N/A and check whether it is exempt or nonexempt. | 80a is the organization related (other than by associated membership, governing bodies, trustees, office | ciation with a state ers, etc, to any oth | ewide or nationwide organization and a second control of the contr | ation) through common ganization? | 80 a | <u></u> | <u> </u> | |
| | · · · | <u>N/A</u> | | | - | | | |
| b Did the organization file Form 1120-POL for this year? | · | (See line 81 instri | | | <u>o.</u> | | V | |

Form **990** (2005)

BAA

| | 1990 (2005) OPEN SOURCE DEVELOPMENT LABS, INC. 46-05038 | 01 | F | Page 7 |
|------|--|------|------------|---------------|
| Pa | rt VI Other Information (continued) | | Yes | No |
| 82 | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82 a | | Х |
| ļ | If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 4 | | ``` |
| 83: | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | Х | |
| 1 | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X | |
| 84: | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | Х |
| ı | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84ь | N | À |
| 85 | | 85a | | X |
| | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | X |
| • | If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | | |
| • | Dues, assessments, and similar amounts from members | | | |
| • | Section 162(e) lobbying and political expenditures | .] | | · |
| • | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | .] | | |
| 1 | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | ٠. | |
| 9 | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85 g | N, | 'A |
| ı | n if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N. | /A |
| 86 | 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on | | | |
| | line 12 | 7 | | , |
| ŀ | Gross receipts, included on line 12, for public use of club facilities | _ | | `. |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/1 | Z | | , |
| I | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | ` . |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? | 88 | Х | |
| 89 t | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: | | | |
| | section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A | 7 | | |
| ŀ | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | 89 b | N, | /A |
| • | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | N/A |
| • | Enter: Amount of tax on line 89c, above, reimbursed by the organization. | | | N/A |
| 90 a | List the states with which a copy of this return is filed NONE | | | |
| ı | Number of employees employed in the pay period that includes March 12, 2005 (See instructions.). | 90 b | | 43 |
| 91 a | The books are in care of ► MIKE TEMPLE Telephone number ► (503) 626-2 | | | |
| | Located at ► 12725 SW MILLIKAN WAY 400, BEAVERTON OR, ZIP + 4 ► 9700 | 5-16 | 41 | |
| ı | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a | | Yes | No |
| • | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 91 b | X | |
| | If 'Yes,' enter the name of the foreign country ► JAPAN |] | ; | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements | | | , , |
| • | At any time during the calendar year, did the organization maintain an office outside of the United States? | 91 c | X _ | L_ ` |
| | If 'Yes,' enter the name of the foreign country ► JAPAN | | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here | N/ | A | ► □ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | N/A |
| BAA | | Forn | 990 | (2005) |

| Part. | ¥# | Analysis of Income-Producing | | | iness income | Excluded by se | ection 512, 513, or 51 | 4 |
|----------------|-------|--|--------------------------------------|------------------|--|--|--|---|
| Note: E | nte | r gross amounts unless ndicated | (A) | | (B) | (C) | (D) | Related or exempt |
| | | gram service revenue: | Business code | | Amount | Exclusion code | Amount | function income |
| 33 8 | | grain service revenue. | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| ď | | | | | | | | |
| 6. | 14. | de la Charles de | | ├ | | | | |
| | | dicare/Medicaid payments & contracts from government agencies. | | | · · | | | |
| _ | | mbership dues and assessments | L | | | | | 7,420,994. |
| | | est on savings & temporary cash invmnts | | | ······································ | 14 | 168,770 | |
| | | dends & interest from securities | | | | | | |
| 97 | Net r | rental income or (loss) from real estate: | | | ` | | | ` |
| | | t-financed property . | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | debt-financed property | | | ······································ | ļ | | |
| | | rental income or (loss) from pers prop | | - | | | | |
| | | er investment income | | | | | | |
| | othe | er than inventory | | | | | | |
| | | ncome or (loss) from special events | | | | | | |
| | | s profit or (loss) from sales of inventory | | ļ | | | | |
| | | er revenue: a HER INCOME | | <u> </u> | <u></u> | 1 | 119,286 | ` |
| D _. | 01 | HER INCOME | | | | <u> </u> | 119,200 | • |
| ď | | · · · · · · · · | <u> </u> | _ | | | | |
| • | | | | | | | <u> </u> | |
| | | otal (add columns (B), (D), and (E)) | | | | , | 288,056 | |
| | | al (add line 104, columns (B), (D), a | | | | | | 7,709,050. |
| | | 105 plus line 1d, Part I, should equa | | | | | 10 | |
| | | Relationship of Activities t | | | | | | |
| Line N | 40. | Explain how each activity for which of the organization's exempt purpo | oses (other the | an by | providing funds for | or such purposes |). | |
| 94 | | MEMBERSHIP IN THE ASS | | | | | | |
| | | SUPPORT AND ADVANCE T | | | | | SINESS ENVIRO | NMENT IN THE |
| | | COMPUTER INDUSTRY FOR | LINUX A | AD C | PEN SOURCE | SOFTWARE. | | |
| | | | 61 6.1 | | | | | |
| ran | IX | Information Regarding Tax | | | | | | |
| | | (A) | (B) | | (C |) | (D) | (E) |
| | | address, and EIN of corporation, thership, or disregarded entity | Percentage ownership in | | Nature of | activities | Total income | End-of-year assets |
| OSDL | | APAN. LLC | 100.00 | | LINUX DEVE | LOPMENT | 2,885 | |
| 1-7- | | URAKUCHO, CHIYODA-KU | 100.00 | ४ | BINON DEVE | BOTHERT | 2,000 | . 510,031. |
| TOKY | 0, | JAPAN 100 0006, | | 왕 | | | | |
| | | | | કૃ | | | | |
| Part | X | Information Regarding Tra | insfers Ass | socia | ated with Pers | onal Benefit | Contracts (See the | |
| a Di | d the | organization, during the year, receive any fu | nds, directly or in | directly | , to pay premiums on a | a personal benefit cor | ntract? | Yes X No |
| b D | ıd th | ne organization, during the year, pa | y premiums, d | direct | y or indirectly, on | a personal bene | fit contract? | Yes X No |
| <u>Not</u> | e: // | f 'Yes' to (b) , file Form 8870 and Fo | | | | | · | |
| | | Under penaltes of penury I declare that I had true, correct, and complete. Declaration of pr | examined this reparer (other than | retum, office | including accompanying) is based on all inform | g schedules and states ation of which prepare | ments, and to the best of m or has any knowledge. | y knowledge and belief, it is |
| Pleas | е | IP / Light Will | | | _ | | 1 | |
| Sign | | Sygnature of officer | - 1 | ^ | <u> </u> | | Date / / / | <u> </u> |
| Here | | 1-//Michael H. 1 | engle, | יש | ,FU | | 6(1) | 7/06 |
| | | Type or print name and title. | | | | | | |
| Paid | | Preparer's IlliMile | 22 | | | Date | Check if self- | Preparer's SSN or PTIN (See General Instruction W) |
| Pre- | | signature TODD MASSING | | 7 | | 6-9-06 | 2 employed ► | N/A |
| parer | 's | the second second | | | IDT, PC | | | |
| Use Only | | employed), 111 SW F1F1F | | ST | E. 1500 | | EIN ► N/A | 00) 000 5000 |
| | | ZIP + 4 PORTLAND, OF | R 97204-3 | 619 | | | | 03) 220-5900 |
| BAA | | | | | | | TEEA0108L 10/1 | 8/05 Form 990 (2005) |

2005

FEDERAL STATEMENTS

PAGE 1

CLIENT 592A

OPEN SOURCE DEVELOPMENT LABS, INC.

46-0503801

STATEMENT 1 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CUMULATIVE TRANSLATION ADJUSTMENT ON FOREIGN CURRENCY.....

TOTAL \$ -39,771.

STATEMENT 2 FORM 990, PART II, LINE 22 GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

GRANT

SOFTWARE FREEDOM LAW CENTER

435 WEST 116TH STREET NEW YORK, NY 10024

AMOUNT GIVEN:

\$ 1,375,000.

TOTAL GRANTS AND ALLOCATIONS \$ 1,375,000.

STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES

| | (A) | (B) | (C) MANAGEMENT | (D) |
|---|--|---------------------|-------------------|-------------|
| | TOTAL | PROGRAM SERVICES | & GENERAL | FUNDRAISING |
| BAD DEBT EXPENSE CHARITABLE CONTRIBUTIONS CONTRACT SERVICES DUES EVENT SPONSORSHIP INSURANCE MARKETING OTHER EXPENSES PUBLIC RELATIONS TAXES AND LICENSES | 39,706. 150. 1,337,482. 23,456. 43,482. 63,362. 42,159. 33,478. 336,250. 16,942. TOTAL \$ 1,936,467. | \$ 0. | \$ 0. | \$ 0. |

STATEMENT 4
FORM 990 , PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE CORPORATION INCLUDES SUPPORTING AND ADVANCING THE CREATION OF A TECHNICAL AND BUSINESS ENVIRONMENT IN THE COMPUTER INDUSTRY FOR LINUX AND OPEN SOURCE SOFTWARE

| 20 | In E |
|------|------|
| -/11 | |
| | |

FEDERAL STATEMENTS

PAGE 2

CLIENT 592A

OPEN SOURCE DEVELOPMENT LABS, INC.

46-0503801

STATEMENT 5 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

| CATEGORY | BASIS | ACCUM. DEPREC. | BOOK VALUE |
|--------------------------------------|-----------------------------|-----------------------------|---------------------------|
| MACHINERY AND EQUIPMENT IMPROVEMENTS | \$ 4,128,682. 84,991. | \$ 3,946,614. 48,750. | \$ 182,068. 36,241. |
| TOTAL | \$ 4,213,673. | \$ 3,995,364. | \$ 218,309. |

STATEMENT 6 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| LARRY AUGUSTIN C/O ORGANIZATION BEAVERTON, OR 97005 | TREASURER 0 | \$ 0. | \$ 0. | \$ 0. |
| SAM GREENBLATT C/O ORGANIZATION BEAVERTON, OR 97005 | DIRECTOR 0 | 0. | 0. | 0. |
| STUART COHEN C/O ORGANIZATION BEAVERTON, OR 97005 | CEO DIRECTOR 40 | 455,374. | 0. | 0. |
| ROSS MAURI C/O ORGANIZATION BEAVERTON, OR 97005 | CHAIR 0 | 0. | 0. | 0. |
| JERRY GREENBERG C/O ORGANIZATION BEAVERTON, OR 97005 | DIRECTOR 0 | 0. | 0. | 0. |
| RICHARD WIRT C/O ORGANIZATION BEAVERTON, OR 97005 | DIRECTOR 0 | 0. | 0. | 0. |
| MASAHIRO DATE C/O ORGANIZATION BEAVERTON, OR 97005 | SECRETARY 0 | 0. | 0. | 0. |
| FRANK FANZILLI C/O ORGANIZATION BEAVERTON, OR 97005 | DIRECTOR 0 | 0. | 0. | 0. |
| JEFF HAWKINS C/O ORGANIZATION BEAVERTON, OR 97005 | VICE CHAIR 0 | 0. | 0. | 0. |

2005

FEDERAL STATEMENTS

PAGE 3

CLIENT 592A

OPEN SOURCE DEVELOPMENT LABS, INC.

46-0503801

STATEMENT 6 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| STEVE GEARY C/O ORGANIZATION BEAVERTON, OR 97005 | DIRECTOR : | \$ 0. | \$ 0. | \$ 0. |
| KEIICHIRO NAKANISHI C/O ORGANIZATION BEAVERTON, OR 97005 | DIRECTOR 0 | 0. | 0. | 0. |
| KAZUHIRO OOKI C/O ORGANIZATION BEAVERTON, OR 97005 | DIRECTOR 0 | 0. | 0. | 0. |
| | TOTAL] | \$ 455,374. | \$ 0. | \$ 0. |