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Return of Organization Exempt From Income Tax

2006

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning 2006, and ending

B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending. C OPEN SOURCE DEVELOPMENT LABS, INC. 210 FELL ST #16 SAN FRANCISCO, CA 94104. D Employer Identification Number 46-0503801. E Telephone number (415) 233-1000. F Accounting method: Cash, Accrual (checked), Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes, No (checked). H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes, No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes, No (checked).

G Web site: LINUX-FOUNDATION.ORG

J Organization type (check only one): X 501(c) 6 (insert no), 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 8,074,874.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 12 columns: Line number, Description, Sub-column (a, b, c, d), and Total. Rows include: 1 Contributions, gifts, grants, and similar amounts received (Total: 1,677,250); 2 Program service revenue including government fees and contracts (Total: 6,184,000); 3 Membership dues and assessments (Total: 192,399); 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities (Total: 21,225); 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue (Total: 21,225); 12 Total revenue (Total: 8,074,874); 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses (Total: 10,268,403); 18 Excess or (deficit) for the year (Total: -2,193,529); 19 Net assets or fund balances at beginning of year (Total: 7,169,349); 20 Other changes in net assets or fund balances (Total: 2,222); 21 Net assets or fund balances at end of year (Total: 4,978,042).

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Part 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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ <u>1450525.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,450,525.		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) SEE STMT 2	25a	368,462.		
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.		
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0.		
26 Salaries and wages of employees not included on lines 25a, b, and c	26	3,806,667.		
27 Pension plan contributions not included on lines 25a, b, and c	27	303,283.		
28 Employee benefits not included on lines 25a - 27	28	274,564.		
29 Payroll taxes.	29	343,879.		
30 Professional fundraising fees	30			
31 Accounting fees	31	92,189.		
32 Legal fees	32	213,419.		
33 Supplies	33	60,816.		
34 Telephone	34	91,152.		
35 Postage and shipping	35	11,744.		
36 Occupancy	36	678,757.		
37 Equipment rental and maintenance	37	39,758.		
38 Printing and publications	38	11,774.		
39 Travel	39	461,950.		
40 Conferences, conventions, and meetings	40	245,633.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	136,785.		
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 3	43a	1,677,046.		
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
f -----	43f			
g -----	43g			
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	10,268,403.		

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a (Grants and allocations \$) If this amount includes foreign grants, check here

b (Grants and allocations \$) If this amount includes foreign grants, check here

c (Grants and allocations \$) If this amount includes foreign grants, check here

d (Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here

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

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing		45	
	46 Savings and temporary cash investments	7,495,369.	46	5,282,492.
	47 a Accounts receivable	47 a 75,050.		
	b Less allowance for doubtful accounts	47 b	136,666.	47 c 75,050.
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b		48 c
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		2,644.	50 a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b
	51 a Other notes and loans receivable (attach schedule)	51 a		
	b Less: allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		188,413.	53 125,297.
	54 a Investments — publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 a
	b Investments — other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b
55 a Investments — land, buildings, & equipment basis	55 a			
b Less accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments — other (attach schedule)			56	
57 a Land, buildings, and equipment basis	57 a 3,729,633.			
b Less: accumulated depreciation (attach schedule) STATEMENT 5	57 b 3,642,046.	218,309.	57 c 87,587.	
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		8,041,401.	59 5,570,426.	
LIABILITIES	60 Accounts payable and accrued expenses		575,358.	60 441,851.
	61 Grants payable		61	
	62 Deferred revenue		296,694.	62 150,533.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64 a Tax-exempt bond liabilities (attach schedule)			64 a
	b Mortgages and other notes payable (attach schedule)			64 b
	65 Other liabilities (describe ▶ _____)			65
66 Total liabilities. Add lines 60 through 65		872,052.	66 592,384.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		7,169,349.	67 4,978,042.
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		7,169,349.	73 4,978,042.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		8,041,401.	74 5,570,426.	

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements.		a	8,074,874.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments.	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	8,074,874.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b.	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	8,074,874.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements.		a	10,268,403.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	10,268,403.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b.	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	10,268,403.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6		353,462.	15,000.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ▶ 12	X	X
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors 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 explains the relationship(s)	X	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees 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 to the organization? See the instructions for the definition of 'related organization'. If 'Yes,' attach a statement that includes the information described in the instructions	X	X
d Does the organization have a written conflict of interest policy?	X	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, 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 in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	X	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	X	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	X	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?	X	X
b If 'Yes,' enter the name of the organization ▶ N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures (See line 81 instructions)	81 a	0.
b Did the organization file Form 1120-POL for this year?	X	X

Part VI Other Information (continued)

		Yes	No
82 a	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?		X
b	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.)		
82 b		N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b		N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
b	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.		
c	Dues, assessments, and similar amounts from members	85 c	0.
d	Section 162(e) lobbying and political expenditures	85 d	0.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	0.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	0.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h	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?	85 h	N/A
86	501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 12	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities.	86 b	N/A
87	501(c)(12) organizations Enter. a Gross income from members or shareholders	87 a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A
88 a	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? If 'Yes,' complete Part IX	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
b	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
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization		N/A
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	X
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90 b	0
91 a	The books are in care of <u>DAN KOHN</u> Telephone number <u>(415) 233-1000</u> Located at <u>210 FELL ST, SUITE 16, SAN FRANCISCO CA</u> ZIP + 4 <u>94104</u>		
b	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)? If 'Yes,' enter the name of the foreign country <u>JAPAN</u>	91 b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c	X	

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

► 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

93 Program service revenue:

- a _____
- b _____
- c _____
- d _____
- e _____

- f Medicare/Medicaid payments
- g Fees & contracts from government agencies

94 Membership dues and assessments

95 Interest on savings & temporary cash invmnts

96 Dividends & interest from securities

97 Net rental income or (loss) from real estate

- a debt-financed property
- b not debt-financed property

98 Net rental income or (loss) from pers prop

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue a

b OTHER INCOME

- c _____
- d _____
- e _____

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93					
a					
b					
c					
d					
e					
f					
g					
94					6,184,000.
95			14	192,399.	
96					
97					
a					
b					
98					
99					
100					
101					
102					
103					
a					
b			1	21,225.	
c					
d					
e					
104				213,624.	6,184,000.
105					6,397,624.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	MEMBERSHIP IN THE ASSOCIATION PROVIDES TECHNOLOGY LEADERS THE OPPORTUNITY TO SUPPORT AND ADVANCE THE CREATION OF A TECHNICAL AND BUSINESS ENVIRONMENT IN THE COMPUTER INDUSTRY FOR LINUX AND OPEN SOURCE SOFTWARE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
OSDL JAPAN, LLC 1-7-1 YURAKUCHO, CHIYODA-KU TOKYO, JAPAN 100 0006,	100.000 % % %	LINUX DEVELOPMENT	2,302.	133,358.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

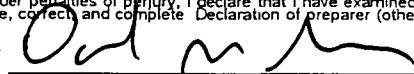
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X


Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 2007-10-22

DAN KOHN, COO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 10-12-07

Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: HOFFMAN, STEWART & SCHMIDT, PC
111 SW FIFTH AVENUE, STE. 1500
PORTLAND, OR 97204-3619

EIN: N/A Phone no: (503) 220-5900

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

	\$	2,222.
TOTAL	\$	<u>2,222.</u>

STATEMENT 2
FORM 990, PART II, LINE 25A
COMPENSATION OF OFFICERS, DIRECTORS, ETC.

COMPENSATION RECEIVED	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
STUART COHEN	353,462.	0.	0.	0.
TOTAL	\$ 353,462.	\$ 0.	\$ 0.	\$ 0.

EMPLOYEE BENEFIT PLAN CONTRIBUTION	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
STUART COHEN	15,000.	0.	0.	0.
TOTAL	\$ 15,000.	\$ 0.	\$ 0.	\$ 0.

EXPENSE ACCT. & OTHER ALLOWANCES	(A)	(B)	(C)	(D)
NAME	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
STUART COHEN	0.	0.	0.	0.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BAD DEBT EXPENSE	591,471.			
CONTRACT SERVICES	491,397.			
DUES	42,241.			
EVENT SPONSORSHIP	24,088.			
INSURANCE	54,360.			
MARKETING	75,101.			
OTHER EXPENSES	6,653.			
PUBLIC RELATIONS	346,657.			
STAFF DEVELOPMENT	26,483.			
TAXES AND LICENSES	18,595.			
TOTAL	\$ 1,677,046.	\$ 0.	\$ 0.	\$ 0.

CLIENT 592A

OPEN SOURCE DEVELOPMENT LABS, INC.

46-0503801

**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

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 3,709,379.	\$ 3,621,792.	\$ 87,587.
IMPROVEMENTS	20,254.	20,254.	0.
TOTAL	<u>\$ 3,729,633.</u>	<u>\$ 3,642,046.</u>	<u>\$ 87,587.</u>

**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 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
MARCUS REX 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	SECRETARY 0	0.	0.	0.
STUART COHEN 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	FORMER CEO 40	353,462.	15,000.	0.
JAMES BOTTOMLEY 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	DIRECTOR 0	0.	0.	0.
JERRY GREENBERG 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	DIRECTOR 0	0.	0.	0.
DOUG FISHER 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	CHAIRMAN 0	0.	0.	0.

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MASAHIRO DATE 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	VICE CHAIRMAN 0	\$ 0.	\$ 0.	\$ 0.
FRANK FANZILLI 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	TREASURER 0	0.	0.	0.
DANIEL D. FRYE 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	DIRECTOR 0	0.	0.	0.
STEVE GEARY 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	DIRECTOR 0	0.	0.	0.
HISASHI HASHIMOTO 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	DIRECTOR 0	0.	0.	0.
TSUGIKAZU SHIBATA 210 FELL ST, SUITE 16 SAN FRANCISCO, CA 94102	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ <u>353,462.</u>	\$ <u>15,000.</u>	\$ <u>0.</u>

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization	Employer identification number
	OPEN SOURCE DEVELOPMENT LABS, INC.	46-0503801
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
File by the extended due date for filing the return. See instructions.	2370 MARKET ST., #157	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN FRANCISCO, CA 94114	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **DAN KOHN**
Telephone No. **(415) 233-1000** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box... . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 2007.
- For calendar year 2006, or other tax year beginning _____, 20____, and ending _____, 20____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension. ... TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CFO** Date **8-7-07**

Notice to Applicant. (To be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	HOFFMAN, STEWART & SCHMIDT, PC
	Number and street (include suite, room, or apartment number) or a P.O. box number
	111 SW FIFTH AVENUE, STE. 1500
	City or town, province or state, and country (including postal or ZIP code)
	PORTLAND, OR 97204-3619