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Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>CENTER FOR OPEN SCIENCE, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>210 MCINTIRE ROAD 500</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>CHARLOTTESVILLE, VA 22903</b><br><b>F</b> Name and address of principal officer: <b>BRIAN NOSEK</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>46-1496217</b><br><b>E</b> Telephone number<br><b>434-964-1865</b><br><b>G</b> Gross receipts \$ <b>5,783,888.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J</b> Website: ▶ <b>WWW.CENTERFOROPENSOURCE.ORG</b>   |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>2013</b> <b>M</b> State of legal domicile: <b>VA</b>   |

**Part I Summary**

|            |   |   |
|------------|---|---|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>                                       |   |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |   |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b> <b>8</b>                             |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b> <b>8</b>                             |
| <b>5</b>   | Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b> <b>58</b>                            |
| <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b> <b>8</b>                             |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b> <b>0.</b>                           |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 38  | <b>7b</b> <b>35,186.</b>                      |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | <b>8</b> <b>6,821,473.</b> <b>5,566,758.</b>  |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)  | <b>9</b> <b>177,636.</b> <b>216,256.</b>      |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>10</b> <b>-4,637.</b> <b>874.</b>          |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>11</b> <b>0.</b> <b>0.</b>                 |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>12</b> <b>6,994,472.</b> <b>5,783,888.</b> |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>13</b> <b>30,000.</b> <b>133,517.</b>      |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>14</b> <b>0.</b> <b>0.</b>                 |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>15</b> <b>5,156,949.</b> <b>4,255,190.</b> |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>16a</b> <b>0.</b> <b>0.</b>                |
| <b>16b</b> | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>176,847.</b>   |   |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>17</b> <b>1,746,258.</b> <b>1,400,496.</b> |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>18</b> <b>6,933,207.</b> <b>5,789,203.</b> |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | <b>19</b> <b>61,265.</b> <b>-5,315.</b>       |
| <b>20</b>  | Total assets (Part X, line 16)  | <b>20</b> <b>3,425,593.</b> <b>4,108,680.</b> |
| <b>21</b>  | Total liabilities (Part X, line 26)   | <b>21</b> <b>2,385,266.</b> <b>3,089,072.</b> |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | <b>22</b> <b>1,040,327.</b> <b>1,019,608.</b> |

**Part II Signature Block**

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.

|                               |  |  |
|-------------------------------|--|--|
| <b>Sign Here</b>              | Signature of officer<br><b>BRIAN NOSEK, EXECUTIVE DIRECTOR</b><br>Type or print name and title   | Date   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>P. FRANK BERRY</b>  | Preparer's signature<br>Date<br>Check if self-employed <input type="checkbox"/> PTIN<br><b>P00322544</b> |
|                               | Firm's name ▶ <b>HANTZMON WIEBEL LLP, CPA'S</b><br>Firm's address ▶ <b>818 E. JEFFERSON ST., P.O. BOX 1408 CHARLOTTESVILLE, VA 22902</b> | Firm's EIN ▶ <b>54-0618213</b><br>Phone no. (434) 296-2156   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,703,924. including grants of \$ ) (Revenue \$ 216,256.) INFRASTRUCTURE: COS SUPPORTS AND MAINTAINS THE OSF (WWW.OSF.IO) TO HELP RESEARCHERS MANAGE, ARCHIVE, AND SHARE THEIR RESEARCH, PRIVATELY OR PUBLICLY. IN 2018, COS CONTINUED TO MAKE SIGNIFICANT PROGRESS IN ESTABLISHING THE OSF AS A FULL-FEATURED APPLICATION FRAMEWORK. THIS INCLUDED IMPROVEMENTS TO A NUMBER OF CORE FEATURES INCLUDING AUTHENTICATION, METADATA, MESSAGING, VERSION CONTROL, ACCESS CONTROL, DATA BASING, STORAGE SERVICES, AND A PUBLIC API. THE OSF IS NOW POSITIONED AS A FREE, PUBLIC INFRASTRUCTURE FOR CREATING, CONNECTING, AND INTEGRATING COUNTLESS SERVICES ACROSS THE RESEARCH LIFECYCLE. BECAUSE OF THE OSF'S OPEN, MODULAR DESIGN, WE AND OTHERS WILL BE ABLE TO INCORPORATE THE BACK-END SERVICES TO SUPPORT ANY KIND OF FRONT-END USER INTERFACES FOR COLLECTION OF SOCIAL SCIENCE RESEARCH PARTICIPANT

4b (Code: ) (Expenses \$ 944,578. including grants of \$ ) (Revenue \$ ) POLICY/COMMUNITY: AN ACTIVE OPEN SCIENCE COMMUNITY IS ESSENTIAL FOR TESTING AND IMPROVING INFRASTRUCTURE AND PRACTICES. OPEN SCIENCE PRACTICES WILL ACCELERATE DRAMATICALLY IF STAKEHOLDERS WITH LEVERS FOR CHANGE CREATE INCENTIVES OR REQUIREMENTS FOR RESEARCHERS. COS PROMOTES OPEN SCIENCE PRACTICES WITH JOURNALS, FUNDERS, RESEARCHERS, AND SOCIETIES. OUR POLICY TEAM TRACKS OPEN SCIENCE PRACTICES OF KEY COMMUNITY CHANGEMAKERS. WE OFFER SOLUTIONS TO CHANGE NORMS, INCENTIVES, AND POLICIES, WORKING IN COLLABORATION WITH PUBLISHERS, FUNDERS, SOCIETIES, INSTITUTIONS, AND RESEARCHER COMMUNITIES TO PROMOTE OPENNESS, RIGOR, AND REPRODUCIBILITY. THIS WORK IS GUIDED BY OUR TRANSPARENCY AND OPENNESS PROMOTION (TOP) GUIDELINES, A COMMUNITY DRIVEN EFFORT THAT

4c (Code: ) (Expenses \$ 586,656. including grants of \$ 133,517.) (Revenue \$ ) METASCIENCE: COS SUPPORTS RESEARCH ON SCIENTIFIC PRACTICES. THESE EFFORTS CAN INFORM BEST PRACTICES AND SERVE AS PLATFORMS TO DEMONSTRATE REPRODUCIBLE RESEARCH METHODS. SOME ACHIEVEMENTS INCLUDE: -CONTINUED PUBLIC DISCOURSE AROUND RESULTS OF THE REPRODUCIBILITY PROJECT: PSYCHOLOGY (RESULTS PUBLISHED IN THE JOURNAL SCIENCE IN JUNE, 2015). -CONTINUAL RESULTS PUBLISHED BY THE REPRODUCIBILITY PROJECT: CANCER BIOLOGY. THE PROJECT PUBLISHES THE INDIVIDUAL REPLICATIONS IN SMALL BATCHES AND THEN A SUMMARY REPORT WILL BE PUBLISHED AT THE VERY END OF THE PROJECT. -THROUGH EXTERNAL GRANT AWARDS, COS CONTINUES TO SUPPORT THE REPRODUCIBILITY PROJECT: TRANSCRANIAL DIRECT CURRENT STIMULATION (TDCS)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,235,158.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, and compensation review.

Section C. Disclosure

- 17 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 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MARYROSE FRANKO<br>CHAIR                                | 0.10  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) ALAN KRAUT<br>MEMBER                                    | 0.10  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) MARCIA MCNUTT<br>MEMBER                                 | 0.10  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) ALAN LESHNER<br>MEMBER                                  | 0.10  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) BETH NOVECK<br>MEMBER                                   | 0.10  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) JON HILL<br>TREASURER                                   | 0.10  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7) ALISON MUDDITT<br>MEMBER                                | 0.10  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) REBECCA SAXE<br>MEMBER                                  | 0.10  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) ARCHIE HOLMES, JR.<br>ON BEHALF OF PROVOST, EX-OFICIO   | 0.10  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) BRIAN NOSEK<br>EXECUTIVE DIRECTOR, EX-OFICIO           | 40.00   |   |                       | X       |              |                              |        | 167,708.   | 0.  | 6,708.  |
| (11) LUCY OFIESH<br>COO                                     | 40.00   |   |                       |         |              | X                            |        | 120,873.   | 0.  | 17,880.   |
| (12) DAVID LITHERLAND<br>DIRECTOR OF ENGINEERING            | 40.00   |   |                       |         |              | X                            |        | 114,967.   | 0.  | 21,876.   |
| (13) MICHAEL HASELTON<br>INFRASTRUCTURE TECHNICAL MANAGER   | 40.00   |   |                       |         |              | X                            |        | 112,656.   | 0.  | 9,615.  |
| (14) BARRETT HARBER<br>DO-TEAM/TECH LEAD                    | 40.00   |   |                       |         |              | X                            |        | 110,306.   | 0.  | 10,537.   |
| (15) MELANIE L. BENJAMIN<br>DONOR AND FUNDER RELATIONS LEAD | 40.00   |   |                       |         |              | X                            |        | 121,230.   | 0.  | 13,042.   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

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

|   |   |   |                      | (A)           | (B)                                | (C)                        | (D)  |  |
|---|---|---|----------------------|---------------|------------------------------------|----------------------------|--|--|
|   |   |   |                      | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>     | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                      |               |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>   |                      |               |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>   |                      |               |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>   |                      |               |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 960,470.             |               |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>   | 4,606,288.           |               |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   |                      |               |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |   |                      | 5,566,758.    |                                    |                            |  |  |
| <b>Program Service Revenue</b>                                    | <b>2 a</b> ALL OTHER  | <b>Business Code</b>                                  | 900099               | 216,256.      | 216,256.                           |                            |  |  |
|   | <b>b</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>c</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>d</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>e</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |   |                      |               |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |   |                      | 216,256.      |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |                      | 874.          |                                    |                            | 874.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                      |               |                                    |                            |  |  |
|   | <b>5</b> Royalties  |   |                      |               |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | (i) Real  | (ii) Personal        |               |                                    |                            |  |  |
|   |   | <b>b</b> Less: rental expenses                        |                      |               |                                    |                            |  |  |
|   |   | <b>c</b> Rental income or (loss)                      |                      |               |                                    |                            |  |  |
|   |   | <b>d</b> Net rental income or (loss)                  |                      |               |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |               |                                    |                            |  |  |
|   |   | <b>b</b> Less: cost or other basis and sales expenses |                      |               |                                    |                            |  |  |
|   |   | <b>c</b> Gain or (loss)                               |                      |               |                                    |                            |  |  |
|   |   | <b>d</b> Net gain or (loss)                           |                      |               |                                    |                            |  |  |
|   | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      |               |                                    |                            |  |  |
|   |   | <b>b</b> Less: direct expenses                        | <b>b</b>             |               |                                    |                            |  |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events |                      |               |                                    |                            |  |  |
|   | <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>a</b>  |                      |               |                                    |                            |  |  |
| <b>b</b> Less: direct expenses                                    |   | <b>b</b>  |                      |               |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities              |   |   |                      |               |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances | <b>a</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>b</b> Less: cost of goods sold   | <b>b</b>  |                      |               |                                    |                            |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory   |   |                      |               |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>                                      |   |   | <b>Business Code</b> |               |                                    |                            |  |  |
| <b>11 a</b>   |   |   |                      |               |                                    |                            |  |  |
|   | <b>b</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>c</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |   |                      |               |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d   |   |                      |               |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions                         |   |   |                      | 5,783,888.    | 216,256.                           | 0.                         | 874.   |  |

**Part IX 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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   | 54,500.               | 54,500.                         |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  | 79,017.               | 79,017.                         |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 182,804.              | 134,548.                        | 27,888.                                | 20,368.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 3,376,137.            | 2,302,165.                      | 977,586.                               | 96,386.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 135,849.              | 93,012.                         | 38,380.                                | 4,457.                      |
| 9 Other employee benefits   | 308,370.              | 211,133.                        | 87,121.                                | 10,116.                     |
| 10 Payroll taxes  | 252,030.              | 172,558.                        | 71,204.                                | 8,268.                      |
| 11 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 Sch. O.)  | 121,989.              | 97,787.                         | 11,038.                                | 13,164.                     |
| 12 Advertising and promotion  | 10,605.               | 273.                            | 10,332.                                |                             |
| 13 Office expenses  | 194,021.              | 186,536.                        | 4,140.                                 | 3,345.                      |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 247,450.              | 169,422.                        | 69,910.                                | 8,118.                      |
| 17 Travel   | 113,113.              | 105,031.                        | 4,820.                                 | 3,262.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 20,017.               | 13,710.                         | 5,651.                                 | 656.                        |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 136,822.              | 93,678.                         | 38,655.                                | 4,489.                      |
| 23 Insurance  | 13,673.               | 9,361.                          | 3,863.                                 | 449.                        |
| 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 <b>RESEARCH STUDY FEES</b>  | 438,236.              | 437,736.                        | 500.                                   |                             |
| b <b>DUES AND FEES</b>  | 53,086.               | 39,701.                         | 11,791.                                | 1,594.                      |
| c <b>CLEANING AND MAINTENANC</b>  | 25,923.               | 17,749.                         | 7,324.                                 | 850.                        |
| d <b>TAXES AND LICENSES</b>   | 13,836.               | 9,473.                          | 3,909.                                 | 454.                        |
| e All other expenses  | 11,725.               | 7,768.                          | 3,086.                                 | 871.                        |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 5,789,203.            | 4,235,158.                      | 1,377,198.                             | 176,847.                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0.                    | 0.                              | 0.                                     | 0.                          |

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|--|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 2,572,945.               | <b>1</b>   | 3,332,868.         |
|  | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>   |                    |
|  | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>   |                    |
|  | <b>4</b> Accounts receivable, net .....  | 109,187.                 | <b>4</b>   | 189,696.           |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>   |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>   |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|  | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 50,553.                  | <b>9</b>   | 42,885.            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 740,290.      |            |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 516,300.      |            |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 360,812.                 | <b>10c</b> | 223,990.           |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 313,778.                 | <b>11</b>  | 298,374.           |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>12</b>  |                    |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>  |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 18,318.                  | <b>14</b>  |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 3,425,593.   | <b>15</b>                | 20,867.    |                    |
|  |  | <b>16</b>                | 4,108,680. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 136,140.                 | <b>17</b>  | 54,691.            |
|  | <b>18</b> Grants payable .....   | 2,202,759.               | <b>18</b>  | 3,005,291.         |
|  | <b>19</b> Deferred revenue .....   | 18,000.                  | <b>19</b>  | 0.                 |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|  | <b>22</b> 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 .....   |                          | <b>22</b>  |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|  | <b>25</b> 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 .....  | 28,367.                  | <b>25</b>  | 29,090.            |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 2,385,266.               | <b>26</b>  | 3,089,072.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |
|  | <b>27</b> Unrestricted net assets .....  | 1,040,327.               | <b>27</b>  | 1,019,608.         |
|  | <b>28</b> Temporarily restricted net assets .....  |                          | <b>28</b>  |                    |
|  | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>  |                    |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>  |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>  |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>  |                    |
| <b>33</b> Total net assets or fund balances .....                                | 1,040,327.   | <b>33</b>                | 1,019,608. |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....                   | 3,425,593.   | <b>34</b>                | 4,108,680. |                    |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 5,783,888. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 5,789,203. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -5,315.    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 1,040,327. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -15,404.   |
| 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 | 1,019,608. |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| 1   | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| 2b  | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| 2c  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |  |     |    |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | X   |    |
| 3b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits     | X   |    |

Form 990 (2018)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 2,025,953. | 4,862,880. | 5,878,293. | 6,821,473. | 5,566,758. | 25,155,357. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 2,025,953. | 4,862,880. | 5,878,293. | 6,821,473. | 5,566,758. | 25,155,357. |
| <b>5</b> 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) ..... |            |            |            |            |            | 20,111,315. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 5,044,042.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 2,025,953. | 4,862,880. | 5,878,293. | 6,821,473. | 5,566,758. | 25,155,357.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...   | 6,836.     | 886.       | 6,736.     | 903.       | 874.       | 16,235.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |            |            |            |            |            |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 25,171,592.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         | 952,783.                 |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 20.04 %                             |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | <b>15</b> | 17.18 %                             |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input type="checkbox"/>            |
| <b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input checked="" type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> 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.   |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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. |     |    |
| <b>2</b> 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>1</b>   |     |    |
| <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>  |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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).  |     |    |
| <b>3</b> 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.   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|  |  |     |    |
|--|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |  | Yes | No |
| <b>a</b> 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. |  |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |  |     |    |
| <b>a</b> 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.  |  |     |    |
| <b>b</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.   |  |     |    |
| <b>2a</b>  |  |     |    |
| <b>2b</b>  |  |     |    |
| <b>3a</b>  |  |     |    |
| <b>3b</b>  |  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| <b>1</b>                               | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                               | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                               | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                               | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                               | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                               | 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) | <b>6</b>       |                             |
| <b>7</b>                               | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| <b>a</b>                                | Average monthly value of securities   | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances   | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets  | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d  | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035   | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                             |

| <b>Section C - Distributable Amount</b> |   |          | Current Year |
|---|---|----------|--------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |              |
| <b>2</b>                                | Enter 85% of line 1   | <b>2</b> |              |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |              |
| <b>4</b>                                | Enter greater of line 2 or line 3   | <b>4</b> |              |
| <b>5</b>                                | Income tax imposed in prior year  | <b>5</b> |              |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | <b>6</b> |              |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |          |              |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

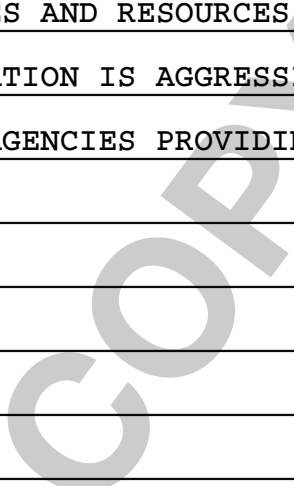
| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                             |  |   |
| <b>a</b> From 2013   |                             |  |   |
| <b>b</b> From 2014   |                             |  |   |
| <b>c</b> From 2015   |                             |  |   |
| <b>d</b> From 2016   |                             |  |   |
| <b>e</b> From 2017   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2014  |                             |  |   |
| <b>b</b> Excess from 2015  |                             |  |   |
| <b>c</b> Excess from 2016  |                             |  |   |
| <b>d</b> Excess from 2017  |                             |  |   |
| <b>e</b> Excess from 2018  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2018

**Part VI** **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.)

**PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:**

THE CENTER HAS A CONTINUOUS AND BONA FIDE DEVELOPMENT PROGRAM THAT SEEKS TO SOLICIT CONTRIBUTIONS FROM THE GENERAL PUBLIC, OTHER CHARITABLE ORGANIZATIONS AND GOVERNMENTAL UNITS. THE FUNDING STRUCTURE DOES NOT LEND ITSELF TO MEETING THE PUBLIC SUPPORT REQUIREMENT AS IT IS COMPRISED OF A SEVERAL LARGE DONORS, NOT NUMEROUS SMALL DONORS. THE BOARD OF DIRECTORS REPRESENT THE BROAD INTERESTS OF THE GENERAL PUBLIC AND THE CENTER'S MISSION IS TO PROVIDE SERVICES AND RESOURCES TO THE PUBLIC AND RESEARCHERS FREE OF CHARGE. THE ORGANIZATION IS AGGRESSIVELY SEEKING TO EXPAND THE NUMBER OF ORGANIZATIONS AND AGENCIES PROVIDING OPERATIONAL FUNDING.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

CENTER FOR OPEN SCIENCE, INC.

Employer identification number

46-1496217

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| Name of organization<br><br><b>CENTER FOR OPEN SCIENCE, INC.</b> | Employer identification number<br><br><b>46-1496217</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____<br>_____<br>_____           | \$ <u>3,724,431.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ <u>590,292.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____<br>_____<br>_____           | \$ <u>213,359.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | _____<br>_____<br>_____           | \$ <u>726,974.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | _____<br>_____<br>_____           | \$ <u>135,199.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>CENTER FOR OPEN SCIENCE, INC.</b> | Employer identification number<br><br><b>46-1496217</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |

|  |   |
|--|---|
| Name of organization<br><br><b>CENTER FOR OPEN SCIENCE, INC.</b> | Employer identification number<br><br><b>46-1496217</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **CENTER FOR OPEN SCIENCE, INC.** Employer identification number **46-1496217**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value  |
|--|--------------------------------------|---------------------------------|------------------------------|-----------------|
| 1a Land  |                                      |                                 |                              |                 |
| b Buildings  |                                      |                                 |                              |                 |
| c Leasehold improvements   |                                      | 329,986.                        | 300,174.                     | 29,812.         |
| d Equipment  |                                      | 410,304.                        | 216,126.                     | 194,178.        |
| e Other  |                                      |                                 |                              |                 |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>223,990.</b> |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>PAYROLL LIABILITIES</b>  | 29,090.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 29,090.        |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |           |            |
|----------|--|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 5,768,484. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | -15,404.  |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |           |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> | -15,404.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  | 5,783,888. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> | 0.         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 5,783,888. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 5,789,203. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |           |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |            |
| <b>c</b> | Other losses  | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> | 0.         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 5,789,203. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 5,789,203. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH GUIDANCE ESTABLISHED BY THE FASB AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE ORGANIZATION.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization: **CENTER FOR OPEN SCIENCE, INC.**  
Employer identification number: **46-1496217**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| EUROPE  | 0                                   | 0  | GRANTS TO RECIPIENTS LOCATED IN REGION   | DIRECT RESEARCH AND PROJECT FUNDING SUPPORT  | 79,017.  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....                               | 0                                   | 0  |  |  | 79,017.  |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0  |  |  | 79,017.  |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |

COPY

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 0

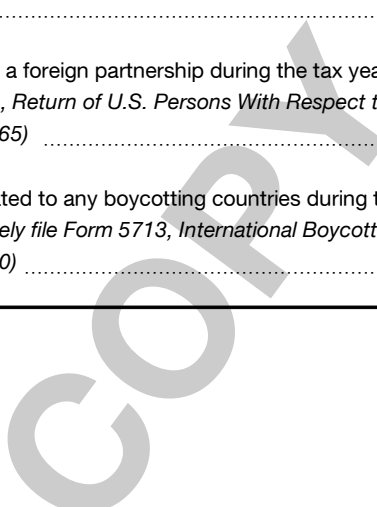
3 Enter total number of other organizations or entities ..... 0



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2018



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

INDIVIDUALS AND ORGANIZATIONS RECEIVE CASH AWARDS FOR SPECIFIC RESEARCH AND PROJECTS AND ARE REQUIRED TO FULFILL REPORTING REQUIREMENTS STIPULATED IN THE AWARD AGREEMENT.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **CENTER FOR OPEN SCIENCE, INC.** Employer identification number **46-1496217**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |

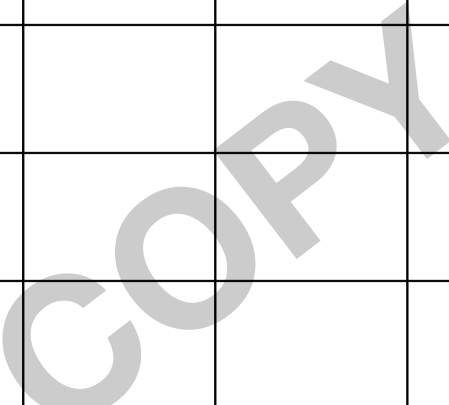
- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance             | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| DIRECT RESEARCH AND PROJECT FUNDING SUPPORT | 55                       | 54,500.                  | 0.                                |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |



**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

INDIVIDUALS AND ORGANIZATIONS RECEIVE CASH AWARDS FOR SPECIFIC RESEARCH AND PROJECTS AND ARE REQUIRED TO FULFILL REPORTING REQUIREMENTS STIPULATED IN THE AWARD AGREEMENT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CENTER FOR OPEN SCIENCE, INC.**

Employer identification number

**46-1496217**

**Part I Questions Regarding Compensation**

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

|           | Yes | No       |
|-----------|-----|----------|
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     |          |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

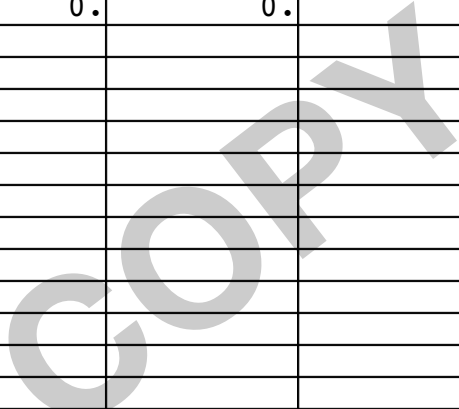
Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title                               |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) BRIAN NOSEK<br>EXECUTIVE DIRECTOR, EX-OFICIO | (i)  | 167,708.   | 0.                                  | 0.                                  | 6,708.   | 0.                      | 174,416.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

COMPENSATION PACKAGE MUST BE COMPETITIVE WITH SIMILAR POSITIONS IN THE  
INDUSTRY IN ORDER TO ATTRACT AND RETAIN EXECUTIVE TALENT. THE BOARD OF  
DIRECTORS IS RESPONSIBLE FOR APPROVAL, OVERSIGHT AND ADMINISTRATION OF THE  
EXECUTIVE DIRECTOR'S COMPENSATION.

COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

CENTER FOR OPEN SCIENCE, INC.

Employer identification number

46-1496217

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE CENTER FOR OPEN SCIENCE (COS) IS DEDICATED TO INCREASE OPENNESS,  
INTEGRITY AND REPRODUCIBILITY IN SCHOLARLY RESEARCH.

**FORM 990, PART III- LINE 1: DESCRIPTION OF ORGANIZATION'S MISSION STATEMENT**

COS IS A NON-PROFIT TECHNOLOGY COMPANY AIMING TO PROMOTE OPENNESS,  
INTEGRITY, AND REPRODUCIBILITY OF SCIENTIFIC RESEARCH. COS ACCOMPLISHES  
THIS BY EMPLOYING FIVE INTERDEPENDENT ACTIVITIES: (1) METASCIENCE -  
ACQUIRING EVIDENCE TO ENCOURAGE CHANGE - COS PROVIDES EVIDENCE ON THE  
STATE OF SCIENCE, EVALUATES COS SERVICES TO MAXIMIZE EFFECTIVENESS, AND  
TRACKS CULTURE CHANGE IN OPENNESS; (2) INFRASTRUCTURE - BUILDING  
TECHNOLOGY TO ENABLE CHANGE - COS ESTABLISHES VIABILITY OF OPEN  
SCHOLARSHIP ACROSS THE ENTIRE RESEARCH LIFECYCLE, AND SUPPORTS HUNDREDS  
OF COMMUNITY INTERFACES FOR CONDUCTING AND SHARING SCHOLARLY ACTIVITY;  
(3) TRAINING - DISSEMINATING KNOWLEDGE TO ENACT CHANGE - COS OPTIMIZES  
TRAINING DELIVERY TO MAXIMIZE ITS REACH AND IMPACT PARTICULARLY FOR  
SUPPORTING UNDERSERVED COMMUNITIES, AND FOSTERS SUSTAINABILITY WITH  
INTEGRATION INTO COURSE CURRICULA; (4) INCENTIVES - PROVIDING REASONS  
TO EMBRACE CHANGE - COS BRINGS ADOPTION OF ITS INCENTIVE SERVICES TO  
SCALE, MONITORS AND INCENTIVIZES ADOPTION BY STAKEHOLDERS, AND  
INCORPORATES CONTINUOUS EVALUATION OF INTERVENTION EFFECTIVENESS; (5)  
COMMUNITY - FOSTERING CONNECTION AND INCLUSION TO PROPAGATE CHANGE -  
COS GROWS AND EMPOWERS COMMUNITY PARTNERSHIPS WITH INTEGRATED SERVICES  
AND COLLABORATION ACROSS STAKEHOLDER COMMUNITIES.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

CENTER FOR OPEN SCIENCE, INC.

Employer identification number

46-1496217

DATA, WITH THE ABILITY TO EXTEND VERY EASILY TO COLLECTION OF META-DATA FOR ANY RESEARCH APPLICATION OR DISCIPLINE (NOT LIMITED TO SOCIAL SCIENCE). THE OSF PROVIDES A SOLUTION FOR RESEARCHERS WHO ARE COMPELLED TO CONDUCT THEIR RESEARCH OPENLY AND TRANSPARENTLY. IT ALSO PROVIDES A MECHANISM FOR POLICY MAKERS TO ENABLE PRACTICES OF OPENNESS AND TRANSPARENCY. THE OSF PROVIDES MULTIPLE POINTS OF ENTRY INTO OPEN PRACTICES, AND ALLOWS FOR RESEARCHERS TO ADOPT ADDITIONAL OPEN BEHAVIORS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDES A RUBRIC FOR ADOPTING OPENNESS STANDARDS. OVER 1,100 JOURNALS HAVE ADOPTED TOP GUIDELINES SINCE 2015.

REREGISTRATION CHALLENGE: THE PREREGISTRATION CHALLENGE KICKED OFF IN 2015. PREREGISTRATION INCREASES THE CREDIBILITY OF HYPOTHESIS TESTING BY CONFIRMING IN ADVANCE WHAT WILL BE ANALYZED AND REPORTED. FOR THE PREREGISTRATION CHALLENGE, ONE THOUSAND RESEARCHERS WILL RECEIVE \$1,000 EACH FOR PUBLISHING RESULTS OF PREREGISTERED RESEARCH. THIS CHALLENGE ENDED IN EARLY 2019.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AT THE UNIVERSITY OF CALIFORNIA - DAVIS.

-CONTINUED COMMUNITY DISCUSSION OF THE IMPACT OF THE COS STUDY ON THE IMPACT OF BADGES UPON DATA SHARING. THIS STUDY FOUND THAT THE JOURNAL PSYCHOLOGICAL SCIENCE EXPERIENCED AN INCREASE IN DATA SHARING FROM AROUND 3 PERCENT OF PUBLISHED ARTICLES TO NEARLY 40 PERCENT IN ONLY 1.5 YEARS FOLLOWING ADOPTION OF BADGES. COMPARISON JOURNALS WITHOUT BADGES SHOWED NO CHANGE IN DATA SHARING OVER THE SAME PERIOD. WE USE THESE FINDINGS TO PROMOTE ADOPTION OF BADGES AS SIMPLE INCENTIVES TOWARDS

|   |  |
|---|--|
| Name of the organization<br>CENTER FOR OPEN SCIENCE, INC. | Employer identification number<br>46-1496217 |
|---|--|

MORE OPEN EDITORIAL POLICIES.

FORM 990, PART VI, SECTION B, LINE 11B:

COPIES OF THE CENTER'S FORM 990 ARE PROVIDED TO ALL MEMBERS OF THE BOARD FOR THEIR REVIEW PRIOR TO FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS, OFFICERS AND MANAGEMENT ARE REQUIRED TO REVIEW THE CENTER'S CONFLICT OF INTEREST POLICY ANNUALLY AND PROVIDE NOTIFICATION OF ANY POTENTIAL AREAS OF CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 18:

COPIES OF THE CENTER'S FORM 1023 AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION AT THE CENTER'S OFFICE. THE CENTER WILL PROVIDE COPIES OF THE FORMS 1023 AND 990 UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE CENTER MAKES COPIES OF ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC UPON REQUEST. COPIES OF THE MOST RECENT FORM 990 ARE POSTED ON THE CENTER'S WEBSITE.

FORM 990, PART XII, QUESTION 2C:

NO CHANGES IN THE OVERSIGHT OR SELECTION PROCESSES FROM THE PRIOR YEAR.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2018

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |               |   |  |
|---|---------------|---|--|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3)<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) | Print or Type | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>CENTER FOR OPEN SCIENCE, INC.</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>210 MCINTIRE ROAD, NO. 500</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>CHARLOTTESVILLE, VA 22903</b> | <b>D</b> Employer identification number (Employees' trust, see instructions.)<br><b>46-1496217</b><br><br><b>E</b> Unrelated business activity code (See instructions.)<br><b>812930</b> |
|---|---------------|---|--|

|   |   |
|---|---|
| <b>C</b> Book value of all assets at end of year<br><b>4,108,680.</b> | <b>F</b> Group exemption number (See instructions.) ▶ _____<br><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |
|---|---|

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **CENTER FOR OPEN SCIENCE** Telephone number ▶ **434-964-1865**

| Part I Unrelated Trade or Business Income   |             | (A) Income | (B) Expenses | (C) Net |
|---|-------------|------------|--------------|---------|
| 1 a Gross receipts or sales   |             |            |              |         |
| b Less returns and allowances   |             |            |              |         |
|   | c Balance ▶ | 1c         |              |         |
| 2 Cost of goods sold (Schedule A, line 7)   |             | 2          |              |         |
| 3 Gross profit. Subtract line 2 from line 1c  |             | 3          |              |         |
| 4 a Capital gain net income (attach Schedule D)   |             | 4a         |              |         |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |             | 4b         |              |         |
| c Capital loss deduction for trusts   |             | 4c         |              |         |
| 5 Income (loss) from a partnership or an S corporation (attach statement)               |             | 5          |              |         |
| 6 Rent income (Schedule C)  |             | 6          |              |         |
| 7 Unrelated debt-financed income (Schedule E)   |             | 7          |              |         |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |             | 8          |              |         |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |             | 9          |              |         |
| 10 Exploited exempt activity income (Schedule I)  |             | 10         |              |         |
| 11 Advertising income (Schedule J)  |             | 11         |              |         |
| 12 Other income (See instructions; attach schedule)                                     |             | 12         |              |         |
| 13 <b>Total.</b> Combine lines 3 through 12   |             | 13         | 0.           |         |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

|   |     |  |     |         |
|---|-----|--|-----|---------|
| 14 Compensation of officers, directors, and trustees (Schedule K)   |     |  |     |         |
| 15 Salaries and wages   |     |  |     |         |
| 16 Repairs and maintenance  |     |  |     |         |
| 17 Bad debts  |     |  |     |         |
| 18 Interest (attach schedule) (see instructions)  |     |  |     |         |
| 19 Taxes and licenses   |     |  |     | 2,246.  |
| 20 Charitable contributions (See instructions for limitation rules)   |     |  |     |         |
| 21 Depreciation (attach Form 4562)  | 21  |  |     |         |
| 22 Less depreciation claimed on Schedule A and elsewhere on return  | 22a |  | 22b |         |
| 23 Depletion  |     |  |     |         |
| 24 Contributions to deferred compensation plans   |     |  |     |         |
| 25 Employee benefit programs  |     |  |     |         |
| 26 Excess exempt expenses (Schedule I)  |     |  |     |         |
| 27 Excess readership costs (Schedule J)   |     |  |     |         |
| 28 Other deductions (attach schedule)   |     |  |     |         |
| 29 <b>Total deductions.</b> Add lines 14 through 28   |     |  |     | 2,246.  |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           |     |  |     | -2,246. |
| 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |     |  |     |         |
| 32 Unrelated business taxable income. Subtract line 31 from line 30   |     |  |     | -2,246. |

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56-58 regarding foreign activities and interest.

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.

Sign Here: Signature of officer, Date, EXECUTIVE DIRECTOR, Title, and a box for IRS discussion.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|    |   |    |  |   |  |   |        |
|----|---|----|--|---|--|---|--------|
| 1  | Inventory at beginning of year .....                  | 1  |  | 6 | Inventory at end of year .....   | 6 |        |
| 2  | Purchases .....                                       | 2  |  | 7 | <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....                           | 7 |        |
| 3  | Cost of labor .....                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   | Yes No |
| 4a | Additional section 263A costs (attach schedule) ..... | 4a |  |   |  |   |        |
| b  | Other costs (attach schedule) .....                   | 4b |  |   |  |   |        |
| 5  | <b>Total.</b> Add lines 1 through 4b .....            | 5  |  |   |  |   |        |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

|   |   |   |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total   |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

|   |   |   |  |   |
|---|---|---|--|---|
| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
| <b>Totals</b> .....   |   |   | Enter here and on page 1, Part I, line 7, column (A). 0.                     | Enter here and on page 1, Part I, line 7, column (B). 0.            |
| <b>Total dividends-received deductions</b> included in column 8 .....                             |   |   |  | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income     | 11. Deductions directly connected with income in column 10                               |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |
| <b>Totals</b>     |   |                                     | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A). <b>0.</b> | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). <b>0.</b> |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)              | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4)         |
|--------------------------|---------------------|---|---------------------------------|---|
| (1)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
| <b>Totals</b>            |                     | Enter here and on page 1, Part I, line 9, column (A). <b>0.</b> |                                 | Enter here and on page 1, Part I, line 9, column (B). <b>0.</b> |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
| <b>Totals</b>                        |   | Enter here and on page 1, Part I, line 10, col. (A). <b>0.</b>              | Enter here and on page 1, Part I, line 10, col. (B). <b>0.</b>   |   |                                      | Enter here and on page 1, Part II, line 26. <b>0.</b>                            |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

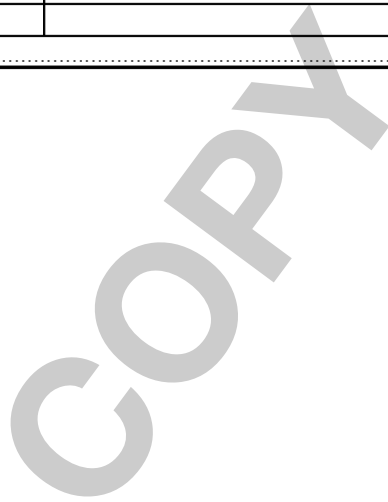
| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals</b> (carry to Part II, line (5)) |                             | <b>0.</b>                   | <b>0.</b>  |                       |                     | <b>0.</b>   |

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                    | 2. Gross advertising income                                    | 3. Direct advertising costs                                    | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|--|-----------------------|---------------------|---|
| (1)                                      |  |  |  |                       |                     |   |
| (2)                                      |  |  |  |                       |                     |   |
| (3)                                      |  |  |  |                       |                     |   |
| (4)                                      |  |  |  |                       |                     |   |
| <b>Totals from Part I</b> .....          | <b>0.</b>  | <b>0.</b>  |  |                       |                     | <b>0.</b>   |
| <b>Totals, Part II (lines 1-5)</b> ..... | Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b> | Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b> |  |                       |                     | Enter here and on page 1, Part II, line 27. <b>0.</b>                             |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |          |  | <b>0.</b>  |



---

|            |   |           |   |
|------------|---|-----------|---|
| FORM 990-T | DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY | STATEMENT | 1 |
|------------|---|-----------|---|

---

PARKING EXPENSES FOR EMPLOYEE PARKING.

TO FORM 990-T, PAGE 1

COPY

**2018 Virginia Corporation  
 Income Tax Return**



FISCAL or Attention: Return must be filed electronically. Use this form only if you have an approved waiver.  
 SHORT Year Filer: Beginning Date \_\_\_\_\_; Ending Date \_\_\_\_\_  
 Short Year Return  Change in Accounting Period

Official Use Only

|  |  |   |  |
|--|--|---|--|
| FEIN<br><b>46-1496217</b>                            | Name<br><b>CENTER FOR OPEN SCIENCE, INC.</b>         |   | Check all that apply:<br><input type="checkbox"/> Initial Filer<br><input type="checkbox"/> Name Change<br><input type="checkbox"/> Mailing Address Change<br><input type="checkbox"/> Physical Address Change |
| Mailing Address<br><b>210 MCINTIRE ROAD, NO. 500</b> |  |   |  |
| City or Town<br><b>CHARLOTTESVILLE</b>               | State<br><b>VA</b>                                   | ZIP Code<br><b>22903</b>  |  |
| Physical Address (if different from Mailing Address) |  |   | Entity Type Code<br><b>NP</b>  |
| Physical City or Town                                |  |   | NAICS Code<br><b>812930</b>  |
| Date Incorporated<br><b>12/29/2012</b>               | State or Country of Incorporation<br><b>VIRGINIA</b> | Description of Business Activity<br><b>PARKING EXPENSES FOR EMPLOYEE PARKIN</b> |  |

| Check Applicable Boxes   | Final Return   | Corporate Telecommunications Company   |
|--|--|--|
| <input type="checkbox"/> Consolidated - Sch. 500AC Enclosed<br><input type="checkbox"/> Combined - Sch. 500AC Enclosed<br><input type="checkbox"/> Change in Filing Status<br><input type="checkbox"/> Sch. 500A Enclosed<br><input type="checkbox"/> Schedule 500AB Enclosed<br><input checked="" type="checkbox"/> Nonprofit Corporation<br><input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed<br>Enter number of affiliates _____   | <input type="checkbox"/> Final Return - Check here and applicable boxes below.<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Dissolved - No longer liable for tax.<br>Dissolved Date _____<br><input type="checkbox"/> Merged<br>Merger Date _____<br>Merged FEIN # _____<br><input type="checkbox"/> S Corp Effective _____ | Enter amount from Form 500T, Line 7:<br>_____ <b>.00</b><br><hr/> <b>Noncorporate Telecommunications Company</b><br>Check box and enter amount from Form 500T, Line 10:<br><input type="checkbox"/> _____ <b>.00</b><br><hr/> <b>Electric Supplier Company</b><br>Enter amount from Sch. 500EL, Line 7 or 14:<br>_____ <b>.00</b><br><hr/> <b>Home Service Contract Provider</b><br>Enter amount from Form 500HS, Line 10:<br><input type="checkbox"/> Check box if a noncorporate HSCP.<br>_____ <b>.00</b> |
| <b>Amended Return</b> (Do not file this form to carry back a net operating loss. Use Form 500NOLD)<br><input type="checkbox"/> Amended Return - Check here and other applicable boxes.<br><input type="checkbox"/> Federal Audit - Enclose copy of IRS final determination.<br><input type="checkbox"/> Schedule 500A Changes<br><input type="checkbox"/> Schedule 500ADJ Changes<br><input type="checkbox"/> Nonrefundable or Refundable Credit Change<br><input type="checkbox"/> Schedule 500AB Changes<br><input type="checkbox"/> Capital Loss Carryback<br><input type="checkbox"/> Other - Enclose explanation. |  |  |

**Questions and Related Information**

**A.** Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.  
 Enter exception amount from Schedule 500AB, Line 8. **A.** \_\_\_\_\_ **.00**

**B.** Coalfield Employment Enhancement Tax Credit earned from 2018 Form 306, Line 11. **B.** \_\_\_\_\_ **.00**

**C.** If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.  
 (1) Year of Loss \_\_\_\_\_  
 (2) Federal NOL \_\_\_\_\_  
 (3) Percent of federal NOL used this year \_\_\_\_\_ %  
 FEIN \_\_\_\_\_  
 (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

**D.** If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. **D.** \_\_\_\_\_

**E.** Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).  
 Year **E.** \_\_\_\_\_  
 Year \_\_\_\_\_  
 Year \_\_\_\_\_

**F.** Location of corporation's books 210 RIDGE MCINTIRE ROAD, SUIT

Contact for corporation's books CENTER FOR OPEN SCIE Contact Phone Number \_\_\_\_\_

**2018 Virginia Form 500**

Page 2

FEIN  
46-1496217



**INCOME**

|   |    |       |     |
|---|----|-------|-----|
| 1. Federal taxable income (from enclosed federal return) .....                | 1. | 35186 | .00 |
| 2. Total additions from Schedule 500ADJ, Section A, Line 7 .....              | 2. | 2246  | .00 |
| 3. Total (add Lines 1 and 2) .....  | 3. | 37432 | .00 |
| 4. Total subtractions from Schedule 500ADJ, Section B, Line 10 .....          | 4. |       | .00 |
| 5. Balance (subtract Line 4 from Line 3) .....                                | 5. | 37432 | .00 |
| 6. Savings and Loan Association's Bad Debt Deduction (see instructions) ..... | 6. |       | .00 |
| 7. <b>Virginia taxable income</b> (subtract Line 6 from Line 5) .....         | 7. | 37432 | .00 |

**TAX COMPUTATION**

|   |      |      |     |
|---|------|------|-----|
| 8. <b>Apportionable Income (Schedule 500A Filers)</b> - Complete Lines 8(a) through 8(d). See instructions. |      |      |     |
| (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) .....                           | 8(a) |      | .00 |
| (b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g) .....                | 8(b) |      | %   |
| (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) .....              | 8(c) |      | .00 |
| (d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) .....                | 8(d) |      | .00 |
| 9. <b>Income tax</b> (6% of Line 7 or 6% of Line 8(a)) .....  | 9.   | 2246 | .00 |

**PAYMENTS AND CREDITS**

|   |     |      |     |
|---|-----|------|-----|
| 10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B ..... | 10. |      | .00 |
| 11. Adjusted corporate tax (subtract Line 10 from Line 9) .....                                       | 11. | 2246 | .00 |
| 12. 2018 estimated Virginia income tax payments including overpayment credit from 2017 .....          | 12. |      | .00 |
| 13. Extension payment .....   | 13. | 3000 | .00 |
| 14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A .....                      | 14. |      | .00 |
| 15. Pass-through entity total withholding from Schedule 500ADJ, Section D .....                       | 15. |      | .00 |
| 16. <b>Total payments and credits</b> (add Lines 12 through 15) .....                                 | 16. | 3000 | .00 |

**REFUND OR TAX DUE**

|   |     |     |     |
|---|-----|-----|-----|
| 17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) .....    | 17. |     | .00 |
| 18. Penalty (see instructions) .....  | 18. |     | .00 |
| 19. Interest (see instructions) .....   | 19. | 2   | .00 |
| 20. Additional charge from Form 500C, Line 17 (enclose Form 500C) .....                   | 20. | 116 | .00 |
| 21. <b>Total due</b> (add Lines 17 through 20) .....                                      | 21. |     | .00 |
| 22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) ..... | 22. | 636 | .00 |
| 23. Amount to be credited to 2019 estimated tax .....                                     | 23. |     | .00 |
| 24. <b>Amount to be refunded</b> (subtract Line 23 from Line 22) .....                    | 24. | 636 | .00 |

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. →

|   |   |  |
|---|---|--|
| Date  | Signature of Officer                      | Title<br><b>EXECUTIVE DIRECTOR</b>   |
| Printed Name of Officer<br><b>BRIAN NOSEK</b>   |   | Phone Number   |
| Print Preparer's Name and Firm Name<br><b>P. FRANK BERRY<br/>HANTZMON WIEBEL LLP, CPA'S</b> |   | Preparer Phone Number<br><b>(434) 296-2156</b>   |
| Date  | Individual or Firm, Signature of Preparer | Address of Preparer<br><b>818 E. JEFFERSON ST., P.O.<br/>CHARLOTTESVILLE, VA 22902</b> |
| Preparer's FEIN, PTIN, or SSN<br><b>54-0618213</b>  | Approved Vendor Code<br><b>1019</b>       |  |

**IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN**

**2018 Virginia  
Schedule 500ADJ**

**Corporation Schedule of  
Adjustments**



Name as shown on Virginia return CENTER FOR OPEN SCIENCE, INC. FEIN 46-1496217

Use **Schedule 500ADJS** in addition to the Schedule 500ADJ if you are claiming more additions or subtractions than the Schedule 500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes. Check this box and enclose Schedule 500ADJS with your return

**Section A - Additions to Federal Taxable Income**

|  |             |       |          |     |       |     |
|--|-------------|-------|----------|-----|-------|-----|
| 1. Fixed date conformity addition - Depreciation .....   | 1.          | _____ | .00      |     |       |     |
| 2. Fixed date conformity addition - Other .....  | 2.          | _____ | .00      |     |       |     |
| 3. Taxable addition from Schedule 500AB, Line 10 .....   | 3.          | _____ | .00      |     |       |     |
| 4. Net income tax and other taxes that are based on, measured by, or computed with reference to net income .....                                     | 4.          | _____ | 2246 .00 |     |       |     |
| 5. Interest on state obligations other than Virginia .....   | 5.          | _____ | .00      |     |       |     |
| 6. Other Additions   |             |       |          |     |       |     |
|  | <b>Code</b> |       |          |     |       |     |
| 6a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> ..... |             |       |          | 6a. | _____ | .00 |
|  |             |       |          |     |       |     |
|  |             |       |          |     |       |     |
|  |             |       |          |     |       |     |
| 6b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> ..... |             |       |          | 6b. | _____ | .00 |
|  |             |       |          |     |       |     |
|  |             |       |          |     |       |     |
|  |             |       |          |     |       |     |
| 6c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> ..... |             |       |          | 6c. | _____ | .00 |
|  |             |       |          |     |       |     |
|  |             |       |          |     |       |     |
|  |             |       |          |     |       |     |
| 7. <b>Total Additions.</b> Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2 .....   | 7.          | _____ | 2246 .00 |     |       |     |

**Section B - Subtractions from Federal Taxable Income**

|  |                             |             |     |     |       |     |
|--|-----------------------------|-------------|-----|-----|-------|-----|
| 1. Fixed date conformity subtraction - Depreciation .....  | 1.                          | _____       | .00 |     |       |     |
| 2. Fixed date conformity subtraction - Other .....   | 2.                          | _____       | .00 |     |       |     |
| 3. Income from obligations or securities of the U.S. exempt from state income taxes, but not from federal income taxes .....                                 | 3.                          | _____       | .00 |     |       |     |
| 4. Foreign dividend gross-up (IRC § 78) .....  | 4.                          | _____       | .00 |     |       |     |
| 5. Refund or credit of income taxes included in federal taxable income .....   | 5.                          | _____       | .00 |     |       |     |
| 6. Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A) .....   | 6.                          | _____       | .00 |     |       |     |
| 7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8 .....  | 7.                          | _____       | .00 |     |       |     |
| 8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income ..... | 8.                          | _____       | .00 |     |       |     |
| 9. Other Subtractions  |                             |             |     |     |       |     |
|  | <b>Certification Number</b> | <b>Code</b> |     |     |       |     |
| 9a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....         |                             |             |     | 9a. | _____ | .00 |
|  |                             |             |     |     |       |     |
|  |                             |             |     |     |       |     |
|  |                             |             |     |     |       |     |
| 9b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....         |                             |             |     | 9b. | _____ | .00 |
|  |                             |             |     |     |       |     |
|  |                             |             |     |     |       |     |
|  |                             |             |     |     |       |     |
| 9c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....         |                             |             |     | 9c. | _____ | .00 |
|  |                             |             |     |     |       |     |
|  |                             |             |     |     |       |     |
|  |                             |             |     |     |       |     |
| 10. <b>Total Subtractions.</b> Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4 .....   | 10.                         | _____       | .00 |     |       |     |

**Section C - Amended Return**

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

|  |    |       |     |
|--|----|-------|-----|
| 1. Add amount paid with original return plus additional tax paid after it was filed. (Do not include amount paid from Form 500, Line 20.) .....                        | 1. | _____ | .00 |
| 2. Add Line 1 from above and Line 16 from Form 500 and enter the total here .....  | 2. | _____ | .00 |
| 3. Overpayment, if any, as shown on original return or as previously adjusted .....  | 3. | _____ | .00 |
| 4. Subtract Line 3 from Line 2 .....   | 4. | _____ | .00 |
| 5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. <b>This is the tax you owe</b> .....              | 5. | _____ | .00 |
| 6. <b>Refund.</b> If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the tax you overpaid ..... | 6. | _____ | .00 |

**EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS**

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.

Corporation Schedule of  
Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.  
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **CENTER FOR OPEN SCIENCE, INC.**

FEIN **46-1496217**

**Form 1120 - Deductions and Taxable Income**

|   |    |                      |
|---|----|----------------------|
| 1. Reserved for Future Use .....                                  | 1. | XXXXXXXXXXXXXXXXXXXX |
| 2. Federal Taxable Income before NOL and Special Deductions ..... | 2. | -2246 .00            |
| 3. Net Operating Loss Deduction .....                             | 3. | .00                  |
| 4. Special Deductions .....                                       | 4. | 1000 .00             |
| 5. Federal Taxable Income after NOL and Special Deductions .....  | 5. | 35186 .00            |

**Form 1120, Schedule C - Dividends and Special Deductions**

|   |    |     |
|---|----|-----|
| 6. Subpart F Income .....                       | 6. | .00 |
| 7. Gross-Up for Foreign Taxes Deemed Paid ..... | 7. | .00 |

**Form 1120, Schedule K or M-1**

|                              |    |     |
|------------------------------|----|-----|
| 8. Tax Exempt Interest ..... | 8. | .00 |
|------------------------------|----|-----|

**Form 5884 - Work Opportunity Credit**

|  |    |     |
|--|----|-----|
| 9. Salaries and Wages not deducted due to the WOTC ..... | 9. | .00 |
|--|----|-----|

**Form 4562 - Special Depreciation Allowance and Other Depreciation**

|   |     |     |
|---|-----|-----|
| 10. Special depreciation allowance for qualified property placed in service during the taxable year ..... | 10. | .00 |
| 11. Property subject to 168(f)(1) election .....  | 11. | .00 |
| 12. Other depreciation .....  | 12. | .00 |

**Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss**

|   |     |     |
|---|-----|-----|
| 13. Total: Dividends (Exclude Gross-up) .....                   | 13. | .00 |
| 14. Total: Dividends (Gross-up) .....                           | 14. | .00 |
| 15. Total: Inclusions (Exclude Gross-up) .....                  | 15. | .00 |
| 16. Total: Inclusions (Gross-up) .....                          | 16. | .00 |
| 17. Total: Interest .....                                       | 17. | .00 |
| 18. Total: Gross Rents, Royalties, and License Fees .....       | 18. | .00 |
| 19. Total: Gross Income from Performance of Services .....      | 19. | .00 |
| 20. Total: Other .....  | 20. | .00 |
| 21. Total: Total Gross Income or Loss from Outside the US ..... | 21. | .00 |

**Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions**

|  |     |     |
|--|-----|-----|
| 22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization ..... | 22. | .00 |
| 23. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses .....                            | 23. | .00 |
| 24. Total: Allocable - Expenses Related to Gross Income from Performance of Services .....                       | 24. | .00 |
| 25. Total: Allocable - Other Allocable Deductions .....  | 25. | .00 |
| 26. Total: Total Allocable Deductions .....  | 26. | .00 |
| 27. Total: Apportioned Share of Deductions .....   | 27. | .00 |
| 28. Total: Net Operating Loss Deduction .....  | 28. | .00 |
| 29. Total: Total Deductions .....  | 29. | .00 |

**Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income**

|  |     |     |
|--|-----|-----|
| 30. Total: Total Income or (Loss) Before Adjustments ..... | 30. | .00 |
|--|-----|-----|

**Form 500C**

**2018 Underpayment of Virginia  
Estimated Tax by Corporations**



Department of Taxation  
P.O. Box 1500  
Richmond, VA 23218-1500

FISCAL year filer or SHORT year filer: Enter beginning date \_\_\_\_\_, and ending date \_\_\_\_\_, and check here

|   |                           |
|---|---------------------------|
| Name<br><b>CENTER FOR OPEN SCIENCE, INC.</b>                                      | FEIN<br><b>46-1496217</b> |
| Mailing Address (Rural Route and Box Number)<br><b>210 MCINTIRE ROAD, NO. 500</b> |                           |
| City or Town, State, and ZIP Code<br><b>CHARLOTTESVILLE, VA 22903</b>             |                           |

**Part I - How to Compute the Underpayment**

By completing Lines 1 through 8, a corporation can determine whether or not it paid the correct amount of estimated tax by the proper due dates. If the minimum amounts were not timely paid, an additional charge may be imposed for the period of underpayment. A corporation that filed its return on a basis other than a calendar year should enter the dates corresponding to its taxable year in the space provided below

|  |                                  |                 |                 |                 |
|--|----------------------------------|-----------------|-----------------|-----------------|
| 1. Income tax reduced by allowable nonrefundable and refundable credits from Schedule 500CR .....  | <b>2246.00</b>                   |                 |                 |                 |
| 2. 90% of Line 1 .....   | <b>2021.00</b>                   |                 |                 |                 |
| Enter in Columns (a) through (d) the installment due dates (the 15th day of the 4th, 6th, 9th, and 12th months) of your taxable year ..... | <b>Due Dates of Installments</b> |                 |                 |                 |
|  | <b>(a)</b>                       | <b>(b)</b>      | <b>(c)</b>      | <b>(d)</b>      |
|  | <b>04/16/18</b>                  | <b>06/15/18</b> | <b>09/17/18</b> | <b>12/17/18</b> |
| 3. Enter 25% of Line 2 in Columns (a) through (d) .....  | 505.00                           | 505.00          | 505.00          | 505.00          |
| 4. Amounts paid or credited for each period .....  | .00                              | .00             | .00             | .00             |
| 5. Amount of 2017 overpayment credited against 2018 estimated tax .....  | .00                              | .00             | .00             | .00             |
| 6. Overpayment of previous installment .....   | .00                              | .00             | .00             | .00             |
| 7. Total (Add Lines 4, 5, and 6) .....   | .00                              | .00             | .00             | .00             |
| 8. Underpayment (or overpayment) (Subtract Line 3 from Line 7) .....   | <b>505.00</b>                    | <b>505.00</b>   | <b>505.00</b>   | <b>505.00</b>   |

An overpayment of an installment in Line 8 in excess of all prior underpayments should be applied as a credit against the next installment.

**Part II - Exceptions to the Additional Charge**

If you meet any of the exceptions to the addition to the tax, complete Lines 9 through 12.

|  |            |            |            |             |
|--|------------|------------|------------|-------------|
|  | <b>(a)</b> | <b>(b)</b> | <b>(c)</b> | <b>(d)</b>  |
| 9. Total amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the 15th day of the 4th, 6th, 9th, and 12th months of your taxable year ... | .00        | .00        | .00        | .00         |
|  | 25% of tax | 50% of tax | 75% of tax | 100% of tax |
| 10. Exception 1 - Prior Year's Tax .....   | .00        | .00        | .00        | .00         |
| 11. Exception 2 - Tax on prior year's income based on the facts shown on the prior year's return, but using current year's rates .....   | .00        | .00        | .00        | .00         |
| 12. Exception 3 - Tax on annualized income (Enclose computation) .....   | .00        | .00        | .00        | .00         |

There is no additional charge imposed on an underpayment shown in Line 8 for any installment date if by that date the corporation made the minimum payment determined under any of the exceptions reflected in the instructions.

**Part III - Computation of the Additional Charge**

If an underpayment of estimated tax is shown in Line 8 for an installment and an exception is not applicable, the additional charge should be computed by completing the portion(s) of this applicable to the installment(s).

|  |                 |                 |                 |                 |
|--|-----------------|-----------------|-----------------|-----------------|
|  | <b>(a)</b>      | <b>(b)</b>      | <b>(c)</b>      | <b>(d)</b>      |
| Enter the same installment dates used above in Part I ...  | <b>04/16/18</b> | <b>06/15/18</b> | <b>09/17/18</b> | <b>12/17/18</b> |
| 13. Amount of underpayment from Line 8 .....   | 505.00          | 505.00          | 505.00          | 505.00          |
| 14. Enter the date of payment or the 15th day of the 4th month after the close of your taxable year, whichever is earlier .....                        |                 |                 |                 |                 |
| 15. Number of days from the due date of installment to the date shown on Line 14 .....   |                 |                 |                 |                 |
| 16. Additional charge (Rate of interest established in IRC § 6621, plus 2%, times the amount on Line 13 for the number of days shown on Line 15) ..... | 6.00            | 18.00           | 26.00           | 66.00           |
| 17. Add Columns (a) through (d), Line 16. Enter amount here and on Form 500, Line 20.  |                 |                 |                 | <b>116.00</b>   |

A payment of estimated tax on any installment date shall be considered a payment of any previous underpayment only to the extent such payment exceeds the amount of the installment as computed in Line 3. If the corporation made more than 1 payment for a given installment, enclose a schedule showing a separate computation for each payment.



**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!**

|                               |                          |
|-------------------------------|--------------------------|
| <b>Corporation Name</b>       | <b>Federal ID Number</b> |
| CENTER FOR OPEN SCIENCE, INC. | 46-1496217               |

**Part I Tax Return Information**

|   |    |         |
|---|----|---------|
| 1. Federal Taxable Income (Form 500, Page 2, Line 1)      | 1. | 35,186. |
| 2. Virginia Taxable Income (Form 500, Page 2, Line 7)     | 2. | 37,432. |
| 3. Income tax (Form 500, Page 2, Line 9)                  | 3. | 2,246.  |
| 4. Total payments and credits (Form 500, Page 2, Line 16) | 4. | 3,000.  |
| 5. Total due (Form 500, Page 2, Line 21)                  | 5. |         |
| 6. Amount to be refunded (Form 500, Page 2, Line 24)      | 6. | 636.    |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2018 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.

**Officer's e-File PIN: check one box only**

I authorize the ERO named below to enter my e-File PIN 19164 as my signature on the corporation's 2018 electronic Virginia corporation income tax return. Do not enter all zeros  
**HANTZMON WIEBEL LLP, CPA'S**

**ERO Firm Name**

I will enter my e-File PIN as my signature on the corporation's 2018 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN:** Enter your six digit EFIN followed by your five digit self-selected PIN. 54168549557  
Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2018 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature \_\_\_\_\_ Date \_\_\_\_\_