

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2002 calendar year, or tax year beginning 2002, and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> OPEN SOURCE APPLICATION FOUNDATION	<b>D Employer identification number</b> 94-3401217
	Number and street (or P O box if mail is not delivered to street address) Room/suite 177 POST STREET 900	<b>E Telephone number</b> (415) 392-0963
	City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94108	<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)
	Please use IRS label or print or type See Specific Instructions.	

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If Yes enter number of affiliates

H(c) Are all affiliates included? (If No attach a list See instructions)  Yes  No

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN

M Check  if the organization is not required to attach Sch B (Form 990 990-EZ, or 990 PF)

G Web site **NONE**

J Organization type (check only one)  501(c) ( 3 ) (insert no ) 4947(a)(1) or 527

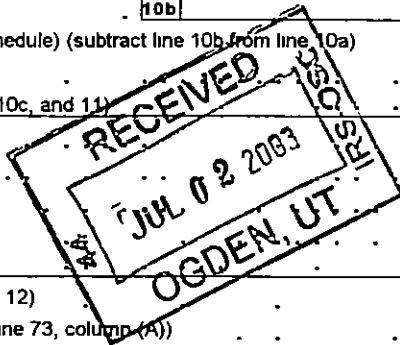
K Check here  if the organization's gross receipts are normally not more than \$25 000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

L Gross receipts Add lines 6b 8b 9b and 10b to line 12 **356**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)**

SCANNED JUL 08 '03 Revenue

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a			
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)			1d	
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments	\$TMT 2		4	356
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe)			7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		8d	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	356
13	Program services (from line 44, column (B))			13	756,841
14	Management and general (from line 44, column (C))			14	58,401
15	Fundraising (from line 44, column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	<b>Total expenses</b> (add lines 16 and 44, column (A))			17	815,242
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-814,886
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	-295,336
20	Other changes in net assets or fund balances (attach explanation)	\$TMT 3	\$TMT 4	20	1,010
21	<b>Net assets or fund balances at end of year</b> (combine lines 18, 19, and 20)			21	-1,109,212



For Paperwork Reduction Act Notice, see the separate instructions

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	NONE		
26 Other salaries and wages	26	480,001.	455,967	24,034
27 Pension plan contributions	27			
28 Other employee benefits	28	30,590	29,427	1,163.
29 Payroll taxes	29	30,513	28,988	1,525.
30 Professional fundraising fees	30			
31 Accounting fees	31	3,180		3,180
32 Legal fees	32	11,125	5,563.	5,562
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35	14,145	9,345	4,800
36 Occupancy	36	27,700	26,285	1,415
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39	6,509	6,184	325
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation depletion etc (attach schedule)	42	6,167		6,167
43 Other expenses not covered above (itemize) <b>TMT 5</b>	43a	205,312	195,082	10,230
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	815,242	756,841.	58,401

Joint Costs Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions)

What is the organization's primary exempt purpose? <b>EDUCATIONAL SCIENTIFIC</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)
a <u>SEE STATEMENT 13</u> ----- ----- (Grants and allocations \$ _____)	756,841.
b ----- ----- (Grants and allocations \$ _____)	
c ----- ----- (Grants and allocations \$ _____)	
d ----- ----- (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	756,841.

**Part IV Balance Sheets (See page 24 of the instructions)**

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing . . . . .	164,552	45	NONE	
	46 Savings and temporary cash investments . . . . .		46		
	47a Accounts receivable . . . . .	47a			
	b Less allowance for doubtful accounts . . . . .	47b	47c		
	48a Pledges receivable . . . . .	48a			
	b Less allowance for doubtful accounts . . . . .	48b	48c		
	49 Grants receivable . . . . .		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
	51a Other notes and loans receivable (attach schedule) . . . . .	51a			
	b Less allowance for doubtful accounts . . . . .	51b	51c		
	52 Inventories for sale or use . . . . .		52		
	53 Prepaid expenses and deferred charges . . . . .		53		
	54 Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55a Investments - land, buildings, and equipment basis . . . . .	55a			
	b Less accumulated depreciation (attach schedule) . . . . .	55b	55c		
56 Investments - other (attach schedule) . . . . .		56			
57a Land, buildings, and equipment basis . . . . .	57a	44,332			
b Less accumulated depreciation (attach schedule) . . . . .	57b	5,811	16,087		
58 Other assets (describe <input type="checkbox"/> STMT 6 ) . . . . .		24,025	58	24,025	
59 Total assets (add lines 45 through 58) (must equal line 74) . . . . .		204,664	59	62,546	
Liabilities	60 Accounts payable and accrued expenses . . . . .		60	21,758	
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		500,000	63	1,150,000
	64a Tax-exempt bond liabilities (attach schedule) . . . . .			64a	
	b Mortgages and other notes payable (attach schedule) . . . . .			64b	
65 Other liabilities (describe <input type="checkbox"/> ) . . . . .			65		
66 Total liabilities (add lines 60 through 65) . . . . .		500,000	66	1,171,758	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted . . . . .		67		
	68 Temporarily restricted . . . . .		68		
	69 Permanently restricted . . . . .		69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds . . . . .		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		-295,336	72	-1,109,212
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) . . . . .		-295,336	73	-1,109,212	
74 Total liabilities and net assets / fund balances (add lines 66 and 73) . . . . .		204,664	74	62,546	

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



Part VI Other Information (See page 27 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		X
81a	Enter direct or indirect political expenditures See line 81 instructions		
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
			162,057
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> N/A		
89b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed <input type="checkbox"/> CALIFORNIA		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		8
91	The books are in care of <input type="checkbox"/> OPEN SOURCE APPLICATION FDN Telephone no <input type="checkbox"/> 415-392-0963 Located at <input type="checkbox"/> 177 POST STREET, #900, SAN FRANCISCO, CA ZIP + 4 <input type="checkbox"/> 94108		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Table with 2 columns: Line No, Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

Table with 5 columns: (A) Name, address and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

Please

Signature of preparer

Date 6/20/03

resident

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization **OPEN SOURCE APPLICATION FOUNDATION** Employer identification number **94-3401217**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ALBERT CHO</u> C/O OSAF, 177 POST ST, #900 SAN FRANCISCO, CA 94108	ENGINEERING MANAGER 40 HRS/WK	169,077.	NONE	NONE
<u>MORGAN SAGEN</u> C/O OSAF, 177 POST ST, #900 SAN FRANCISCO, CA 94108	SYSTEMS ARCHITECT 40 HRS/WK	124,096	NONE	NONE
<u>KATHERINE CAPPS</u> C/O OSAF, 177 POST ST, #900 SAN FRANCISCO, CA 94108	SR SOFTWARE ENGINEER 40 HRS/WK	81,374.	NONE	NONE
Total number of other employees paid over \$50,000 ▶	NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>JOHN ANDERSON</u> P O. BOX 489, LA HONDA, CA 94020-0489	SYSTEMS ARCHITECT	123,000
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part III Statements About Activities (See page 2 of the instructions)

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying activities, grants, and annuity plans. Includes a 'Note' section at the bottom.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

- List of reasons for non-private foundation status, including: A church, A school, A hospital, A Federal/state/local government, A medical research organization, An organization for college/university benefit, An organization receiving support from government/public, A community trust, An organization receiving support from contributions, An organization not controlled by disqualified persons.

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)		6,460			6,460
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	356	150			506
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	STMT 10		91		91
23 Total of lines 15 through 22	356	6,701			7,057
24 Line 23 minus line 17	356	6,701			7,057
25 Enter 1% of line 23	4	67			
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 141
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 7,057
d Add Amounts from column (e) for lines 18 506 19 _____ 22 91 26b _____					26d 597
e Public support (line 26c minus line 26d total)					26e 6,460
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.5403 %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year				
(2001) _____ (2000) _____ (1999) <u>NOT APPLICABLE</u> (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2001) <u>NONE</u> (2000) _____ (1999) <u>NONE</u> (1998) _____ <u>NONE</u>					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total <u>NONE</u>					27d <u>NONE</u>
e Public support (line 27c total minus line 27d total)					27e <u>NONE</u>
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

**Part V Private School Questionnaire (See page 7 of the instructions)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check  a if the organization belongs to an affiliated group  
 Check  b if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is - Not over \$500 000                      20% of the amount on line 40 Over \$500 000 but not over \$1 000 000    \$100 000 plus 15% of the excess over \$500 000 Over \$1 000 000 but not over \$1,500,000    \$175,000 plus 10% of the excess over \$1 000,000 Over \$1,500,000 but not over \$17 000 000    \$225 000 plus 5% of the excess over \$1,500 000 Over \$17 000 000                      \$1,000 000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** **NOT APPLICABLE**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Schedule table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

OPEN SOURCE APPLICATION FOUNDATION

FORM 990, PART I - LIST OF CONTRIBUTORS

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT		INDIRECT PUBLIC SUPPORT		GOVERNMENT GRANTS	
		CASH	NONCASH	CASH	NONCASH	CASH	NONCASH
TOTAL CONTRIBUTION AMOUNTS		NONE	NONE	NONE	NONE	NONE	NONE

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

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DESCRIPTION	AMOUNT
-----	-----
BANK OF AMERICA	356.
	-----
TOTAL	356.
	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

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DESCRIPTION

AMOUNT

TAX > BOOK DEPRECIATION

1,450.

TOTAL

1,450.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

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DESCRIPTION

AMOUNT

-----

-----

M&E

440.

-----

TOTAL

440.

=====



FORM 990, PART II - OTHER EXPENSES  
=====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CONSULTING FEES	202,242.	192,164.	10,078.
MISCELLANEOUS	2,605.	2,500.	105.
MEALS & ENTERTAINMENT	440.	418.	22.
FILING FEE	25.		25.
TOTALS	205,312.	195,082.	10,230.

FORM 990, PART IV - OTHER ASSETS

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DESCRIPTION	ENDING BOOK VALUE
-----	-----
ORGANIZATION COSTS	24,025.
TOTALS	----- 24,025. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MITCHELL D KAPOR C/O OPEN SOURCE APPLICATION FDN. 177 POST STREET, SUITE 900 SAN FRANCISCO, CA 94108	PRESIDENT 40 HRS/WK	NONE	NONE	NONE
AMY MCDEVITT C/O OPEN SOURCE APPLICATION FDN. 177 POST STREET, SUITE 900 SAN FRANCISCO, CA 94108	TREASURER 2 HRS/WK	NONE	NONE	NONE
PAMELA SAMUELSON C/O OPEN SOURCE APPLICATION FDN. 177 POST STREET, SUITE 900 SAN FRANCISCO, CA 94108	DIRECTOR .5 HRS/WK	NONE	NONE	NONE
TIM O'REILLY C/O OPEN SOURCE APPLICATION FDN. 177 POST STREET, SUITE 900 SAN FRANCISCO, CA 94108	DIRECTOR .5 HRS/WK	NONE	NONE	NONE
JOHN LILLY C/O OPEN SOURCE APPLICATION FDN. 177 POST STREET, SUITE 900 SAN FRANCISCO, CA 94108	DIRECTOR .5 HRS/WK	NONE	NONE	NONE
ESTHER SUN C/O OPEN SOURCE APPLICATION FDN. 177 POST STREET, SUITE 900 SAN FRANCISCO, CA 94108	SECRETARY .5 HRS/WK	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
		NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

---

THE FOLLOWING LIST DETAILS THE LOANS FROM OFFICERS TO OPEN SOURCE SOURCE APPLICATION FOUNDATION.

NAME	DATE	ORIGINAL AMOUNT	INTEREST RATE
MITCHELL D. KAPOR	07/10/01	\$50,000	4.07%
MITCHELL D. KAPOR	08/08/01	\$100,000	3.94%
MITCHELL D. KAPOR	09/07/01	\$100,000	3.82%
MITCHELL D. KAPOR	11/19/01	\$100,000	2.73%
MITCHELL D. KAPOR	12/07/01	\$150,000	2.48%
MITCHELL D. KAPOR	04/04/02	\$150,000	2.88%
MITCHELL D. KAPOR	06/26/02	\$200,000	2.91%
MITHCELL D. KAPOR	10/09/02	\$300,000	2.03%
TOTAL		\$1,150,000	

CAVEAT: ALL NOTES ARE NON-INTEREST BEARING SO LONG AS THE ENTITY MAINTAINS ITS STATUS UNDER SECTION 501 (C) 3 OF THE IRC OF 1986.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2001	2000	1999	1998	TOTAL
OTHER INCOME		91.			91.
TOTALS		91.			91.

FORM 990, PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

**Part A**

- 1) Began development of “Chandler”, an open source personal information manager for e-mail, calendar, contacts, and general information management. Developed the “Vista” prototype to explore innovations in personal information management. Published information about our product plans and technical white papers on aspects of the Chandler product and architecture on topics such as secure e-mail and extensibility. These were disseminated to the public and comments were solicited and reviewed via OSAF’s web site, public mailing lists, community collaboration space, and weblog.

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions

▶ Attach to your tax return

Attachment  
Sequence No **67**

Name(s) shown on return

Identifying number

**OPEN SOURCE APPLICATION FOUNDATION**

**94-3401217**

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**Part I Election To Expense Certain Tangible Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less enter -0- If married filing separately, see page 2 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

*Note Do not use Part II or Part III below for listed property Instead, use Part V*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	<b>2,783</b>

**Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	SEE	1,128.	3 000	HY	SL	188
b 5-year property	DETAIL	27,217	5 000	HY	SL	3,048
c 7-year property		2,070	7 000	HY	SL	148
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see page 6 of the instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	<b>6,167</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



Asset Depreciation Short Report - Sorted by - ASSET A/C#

Company OSAF

Year End 12/31/02

Page 1

Date 05/22/03

Method 1 - FEDERAL Std Conv Applied

File G\CLIENTS\56611\2002\OSAF

Time 15 23 13

Range 100\* - FURNITURE & FIXTURES - 300 - SOFTWARE

Include All assets

Date Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Beq A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C# 100 - FURNITURE &amp; FIXTURES</b>								
05/11/02 A	FURNITURE	SL/ 7 00	2 070 00	0 00	2 070 00	0 00	147 88	147 88
<b>Grand totals 100 - FURNITURE &amp; FIXTURES (1 assets)</b>			<b>2 070 00</b>	<b>0 00</b>	<b>2 070 00</b>	<b>0 00</b>	<b>147 88</b>	<b>147 88</b>
<b>ASSET A/C# 200 - COMPUTER EQUIPMENT</b>								
07/19/01	DELL DIMENSION 8100	SL/ 5 00	3 286 49	0 00	3 286 49	274 00	657 30	931 30
07/19/01	DELL LATITUDE C600 LAPTOP	SL/ 5 00	3 173 89	0 00	3 173 89	295 00	634 78	929 78
07/24/01	DELL LATITUDE C600 LAPTOP	SL/ 5 00	3 540 86	0 00	3 540 86	264 00	708 17	972 17
08/15/01	DELL LATITUDE C600 LAPTOP	SL/ 5 00	3,916 05	0 00	3 916 05	261 00	783 21	1,044 21
12/24/01	LCD PROJECTOR	SL/ 5 00	3 263 64	0 00	3 263 64	0 00	652 73	652 73
03/22/02 A	DELL DESKTOP	SL/ 5 00	2 765 78	0 00	2,765 78	0 00	276 58	276 58
08/21/02 A	APPLE POWER MAC	SL/ 5 00	3 526 82	0 00	3,526 82	0 00	352 68	352 68
10/23/02 A	DELL LATITUDE C640	SL/ 5 00	2 407 00	0 00	2 407 00	0 00	240 70	240 70
10/24/02 A	DELL 3250 DESKTOP COMPUTER	SL/ 5 00	4 717 60	0 00	4 717 60	0 00	471 76	471 76
11/19/02 A	RACKSPACE SERVER	SL/ 5 00	1 652 78	0 00	1 652 78	0 00	165 28	165 28
11/26/02 A	APPLE POWER MAC G4	SL/ 5 00	1 492 56	0 00	1 492 56	0 00	149 26	149 26
11/26/02 A	DELL INSPIRON 8200	SL/ 5 00	1 909 60	0 00	1 909 60	0 00	190 96	190 96
11/26/02 A	DELL PRECISION 340	SL/ 5 00	2,582 49	0 00	2 582 49	0 00	258 25	258 25
12/13/02 A	APPLE POWERBOOK	SL/ 5 00	2 390 11	0 00	2 390 11	0 00	239 01	239 01
12/31/02 A	MONITOR & ACCESSORIES	SL/ 5 00	508 21	0 00	508 21	0 00	50 82	50 82
<b>Grand totals 200 - COMPUTER EQUIPMENT (15 assets)</b>			<b>41 133 88</b>	<b>0 00</b>	<b>41 133 88</b>	<b>1,094 00</b>	<b>5,831 49</b>	<b>6 925 49</b>
<b>ASSET A/C# 300 - SOFTWARE</b>								
12/02/02 A	MS VISUAL STUDIO (2)	SL/ 3 00	1 128 48	0 00	1,128 48	0 00	188 08	188 08
<b>Grand totals 300 - SOFTWARE (1 assets)</b>			<b>1,128 48</b>	<b>0 00</b>	<b>1,128 48</b>	<b>0 00</b>	<b>188 08</b>	<b>188 08</b>
<b>Grand totals for all accounts (17 assets)</b>			<b>44 332 36</b>	<b>0 00</b>	<b>44 332 36</b>	<b>1,094 00</b>	<b>6 167 43</b>	<b>7 261 43</b>

Codes that may appear next to the date acquired include A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics for Assets

	Cost	Current Year Section 179	Depreciable Basis	Beginning Accum Depr	Current Depreciation	Ending Accum Depr	Net Book Value
<b>Grand Totals for all assets</b>	44 332 36	0 00	44,332 36	1 094 00	6 167 43	7 261 43	37 070 93
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
<b>Net Totals (Active Assets)</b>	<b>44 332 36</b>	<b>0 00</b>	<b>44 332 36</b>	<b>1 094 00</b>	<b>6 167 43</b>	<b>7 261 43</b>	<b>37 070 93</b>

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution See page 8 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 7 of the instructions) 25
26 Property used more than 50% in a qualified business use (see page 7 of the instructions)
27 Property used 50% or less in a qualified business use (see page 7 of the instructions)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions)
Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year (see page 9 of the instructions)
43 Amortization of costs that began before your 2002 tax year 43
44 Total Add amounts in column (f) See page 9 of the instructions for where to report 44

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Note.** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**

**Note:** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>OPEN SOURCE APPLICATION FOUNDATION</b>	Employer identification number <b>94-3401217</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>177 POST STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SAN FRANCISCO, CA 94108</b>	

**Check type of return to be filed (file a separate application for each return)**

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 08/15, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning 01/01, 2002, and ending 12/31, 2002.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_  
**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_  
**c Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

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

Signature [Signature] Title ▶ CFO Date ▶ 5/15/03  
 For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)