Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

B Check if applicables Acadrese characteristic Acadrese character	A	For the 2	2023 calend	dar year, or tax year beginning	01/01/2023 an	d ending		12/31/2	2023				
Number and street of Pr.D. box if mail is not delivered to street address) Room/suite E Telephone number	В	Check if a	pplicable:	C Name of organization OPEN SC	OURCE ECOLOGY				D Emplo	oyer identification number			
Instruction return Strict		Address c	hange	Doing business as						45-4997514			
Final return terminated Amended return Maysville, Mo 64469 Final return terminated Amended return Maysville, Mo 64469 Final return and address of principal officer. Marcin Jakubowski High ker all subordinates included? Yes No 1 Tax-excempt status: 90 (s) SW Willow Rd. Maysville, Mo 64469 High ker all subordinates included? Yes No 1 Tax-excempt status: 90 (s) SW Willow Rd. Maysville, Mo 64469 High ker all subordinates included? Yes No 1 Tax-excempt status: 90 (s) SW Willow Rd. Maysville, Mo 64469 High ker all subordinates included? Yes No 1 Tax-excempt status: 90 (s) SW Willow Rd. Maysville, Mo 64469 High ker all subordinates included? Yes No 1 Tax-excempt status: 90 (s) SW Willow Rd. Maysville, Mo 64469 High ker all subordinates included? Yes No 1 Tax-excempt status: 90 (s) SW Willow Rd. Maysville, Mo 64469 High ker all subordinates included? Yes No 1 Tax-excempt status: 90 (s) SW Willow Rd. Maysville, Mo 64469 High ker all subordinates included? Yes No 1 Tax-excempt status: 90 (s) SW Willow Rd. Maysville, Mo 64469 High ker all subordinates included? Yes No 1 Tax-excempt status: 90 (s) SW Willow Rd. Maysville, Mo 64469 High ker all subordinates included? Yes No 1 Tax-excempt status: 90 (s) SW Willow Rd. Maysville, Mo 64469 High ker all subordinates included? Yes No 1 Tax-excempt status: 10 (s) SW Willow Rd. Maysville, Mo 64469 Might status		Name cha	nge	Number and street (or P.O. box if	mail is not delivered to street address	s)	Room	/suite	E Teleph	none number			
Maysville, MO 4449 Groop remoted return Maysville, MO 4449 Fault unpercent of propagation Fault See		Initial retu	rn	909 SW Willow Rd				816-866-3217					
Application pending Name and address of principal officer. Marcin Jakubowski He) has a group result for subordinase? Yee No 90 SW Willow Rd, Maysville, MO 64469 He) has all subordinase included? Yee No 1 Tax-exempt status. Solicit Image and 1 He) has all subordinase included? Yee No 1 Tax-exempt status. Solicit Image and 1 He) has all subordinase included? Yee No 1 Tax-exempt status. Solicit Image and 1 He) has a subordinase included? Yee No 1 Tax-exempt status. Solicit Image and 1 He) has a subordinase included? Yee No 1 He Yee		Final return	n/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code								
Tax-exempt states:		Amended	ended return Maysville, MO 64469						G Gross	receipts \$ 258,200			
Tax-exempt status:		Applicatio	n pending	F Name and address of principal offi	icer: Marcin Jakubowski			H(a) Is this a gro	roup return for subordinates? Yes V No				
Website: https://www.opensourcecology.org/ Key form of organization:				909 SW Willow Rd, Maysville,	MO 64469		1	H(b) Are all su	ubordinat	es included? Tes No			
Part Summary Summary	ī	Tax-exem	pt status:	✓ 501(c)(3)) (insert no.)	or 527		If "No," attach	tach a list. See instructions.				
Part Summary	J	Website:	https://w	ww.opensourceecology.org/				H(c) Group ex	xemption	number			
Summary Summary Briefly describe the organization's mission or most significant activities: OSE teaches collaborative design for a transparent and inclusive economy of abundance. We are working to eradicate artificial scarcity in housing. 2	ĸ				tion Other L	Year of form	mation:	2012	M State	of legal domicile: MO			
Briefly describe the organization's mission or most significant activities: OSE teaches collaborative design for a transparent and inclusive economy of abundance. We are working to eradicate artificial scarcity in housing. Possible Pos	Р												
And inclusive economy of abundance. We are working to eradicate artificial scarcity in housing. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.		1 E		-	ion or most significant activitie	es: OSE	teach	es collabora	ative de	sign for a transparent			
B Net unrelated business taxable income from Form 990-T, Part I, line 11 B Contributions and grants (Part VIII, line 1h)	e												
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B Net unrelated business taxable income from Form 990-T, Part I, line 11 B Contributions and grants (Part VIII, line 1h)	ern	2 (Check this	box if the organization di	scontinued its operations or o	disposed	of m	ore than 25	% of it	s net assets.			
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b Net unrelated business taxable income from 990-T, Part I, line 11	Act				= :				-				
Signature of officer Signature Signature									-				
9									_				
9	•	8 (Contributio	ons and grants (Part VIII. line	1h)			1	95.490	258.200			
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	nue				•			•					
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ş.		_							<u>-</u> _			
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	æ				·								
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)								1					
14 Benefits paid to or for members (Part IX, column (A), line 4)								170/1					
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 1 Total fundraising expenses (Part IX, column (D), line 25) 1 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1 Revenue less expenses. Subtract line 18 from line 12 2 O Total assets (Part X, line 16) 2 O Total assets (Part X, line 16) 2 O Total assets (Part X, line 26) 3 O Total liabilities (Part X, line 26) 4 O Total sasets or fund balances. Subtract line 21 from line 20 4 O Total sasets or fund balances. Subtract line 21 from line 20 5 Signature Block 1 Date 1 Date 1 Signature of officer 2 Print/Type preparer's name 1 Preparer's signature 1 Date 2 Check if self-employed 2 Firm's name 3 Firm's EIN 2 Firm's line and rim's Ein's Phone no.													
16a Professional fundraising fees (Part IX, column (A), line 11e)													
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18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 154,046 202,557 19 Revenue less expenses. Subtract line 18 from line 12	Ä							1	E4 046	202 557			
19 Revenue less expenses. Subtract line 18 from line 12 44,144 55,643					•								
Beginning of Current Year End of Year			•	•	• • • • • • • • • • • • • • • • • • • •	•							
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. Sign Signature of officer Date Marcin Jakubowski, Executive Director Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's EIN Firm's name Firm's EIN Phone no.	_ g		teveriue ie	ess expenses. Subtract line 1	8 II O II I II I I I I I I I I I I I I I		Bogi						
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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. Sign Here Signature of officer	_				THE ZT HOTH III E ZO	<u> </u>		<u>'</u>	71,046	240,071			
Here Marcin Jakubowski, Executive Director Type or print name and title Paid Preparer Use Only Marcin Jakubowski, Executive Director Type or print name and title Preparer's signature Date Check if self-employed Firm's name Firm's name Firm's address Phone no.	Ur	der penalti	es of perjury,	, I declare that I have examined this r						my knowledge and belief, it is			
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Part		ogram Service Ac le O contains a rest	complishments conse or note to any line in this F	Part III	
1	Briefly describe the org	·	· · · · · · · · · · · · · · · · · · ·		
	,		parent and inclusive economy of ab	undance. We are currently developing	ı an
			affordable, ecological housing wide		:
2			ant program services during the y		
	prior Form 990 or 990-I	EZ?			Yes 🗹 No
	If "Yes," describe these				
3			or make significant changes in		
					Yes 🗹 No
	If "Yes," describe these	_			
4				s three largest program services, a	
				ort the amount of grants and allocat	lions to others,
	the total expenses, and	revenue, it any, for	each program service reported.		
	(2)				
4a	`' ` '		2,557 including grants of \$		258,200)
				uilders, with a focus on design refiner	
				significant time on financial model dev	
				re refining the curriculum to attract in	
				arning and career advancement to ma	
				d a 'college' track. The latter focuses of	
				red to trade schools is that we teach	
				housing and supporting construction	
				rt of students will prove our rapid-lear	
				the future. We are also designing a wo both the students, and others interest	
			p their way without need for signific		eu in
	replicating our educatio	ii iilodei - to bootstia	p their way without need for signific	ant outside funding.	
4b	(Code:) (Ex	penses \$	including grants of \$) (Revenue \$	
	(======================================			, (is a strain of	/
4c	(Code:) (Exp	penses \$	including grants of \$) (Revenue \$)
// 4/	Other program services	(Describe on Sahar	tule ()		
4d	(Expenses \$	o including gran		, ¢ 0)	
4e	Total program service		202,557	0)	
. •	a. pg. a oo. vioo (202,001		

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Part IV	Checklist of Required Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		·
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	5		<u> </u>
7	"Yes," complete Schedule D, Part I	6		<i>'</i>
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		<u> </u>
	complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part I	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 512(b)(13)2 If "Yes," complete Schoolule P. Part V. line 2	051		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<i>-</i>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		•
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
46	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
• •	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 1 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a v b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Upon request Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. Marcin Jakubowski, (816)866-3217

Part VI

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

□ Check this box if neither the organization nor	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average hours	box,	unles	s pe	rson	e than o is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Marcin Jakubowski	40.00									
ED	0.00	~		~				0	0	0
Colby Thomson Board Officer	1.00	~		,				0	0	0
Alicia Gibb	1.00									
Officer		~						0	0	0
Sunny Bates	1.00									
Officer				~				0	0	0

Part	VII Section A. Officers, Directors,	Γrustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Em	ployees (co	ontinued)
					(C)						
	(A) Name and title	(B) Average hours	box,	unles	heck ss pe	erson	e than of is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation from related	Estimate of o	ed amount other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (1099-MISC 1099-NEC	W-2/ fror / organiz	ensation n the ation and ganizations
			-									
			-									
			-									
			-									
			-									
			-									
1b	Subtotal								0		0	0
d	Total (add lines 1b and 1c) Total number of individuals (including reportable compensation from the organi	but not		ed 1	to 1	thos	e lis	ted	above) who re	eceived mo	o re than \$10	0 00,000 of
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete or the line of the </i>										ated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th									such	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co										V
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	Iress							(B) Description of serv	vices	(C) Compensa	tion
None												
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	re) who		

Page 8

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to	any line in this Pa	art VIII		v
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns 1a	0			
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	0			
عَ ق	С	Fundraising events 1c	0			
fts	d	Related organizations 1d	0			
ਲੂ 'ਛੂ∣	е	Government grants (contributions) 1e	0			
Sin.	f	All other contributions, gifts, grants,				
e ii		and similar amounts not included above 1f 258,2	00			
혈된	g	Noncash contributions included in				
<u>ام</u> ق		lines 1a–1f	0			
a C	h	Total. Add lines 1a–1f	258,200			
		Business Cod	e			
<u>8</u>	2a					
<u>6</u> ≥	b					
Program Service Revenue	С					
eve	d					
کو ہر	е					
<u>.</u>	f	All other program service revenue				
	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, as	nd			
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties <u></u>				
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c 0	0			
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
ne	b	Less: cost or other basis				
Revenue		and sales expenses . 7b				
è	С	Gain or (loss) 7c 0	0			
	d	Net gain or (loss)				
Other	8a	Gross income from fundraising				
٠ ا		events (not including \$0				
		of contributions reported on line 1c). See Part IV, line 18 8a				
		,				
		Less: direct expenses 8b				
	с 9а	Net income or (loss) from fundraising events Gross income from gaming				
	Эa					
	L					
		Less: direct expenses				
		Gross sales of inventory, less				
	IUa					
	h	100				
	D C	Less: cost of goods sold Let income or (loss) from sales of inventory				
_	C	Business Cod				
Snc -	110	Dusiness Cod				
scellaneo Revenue	11a					
la Ver	b					
Miscellaneous Revenue	c d	All other revenue				
Ξ̈́		Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions	258.200		0	0
	16		730.700			

Page **10** Form 990 (2023)

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (nonemployees): Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	202,557	202,557		
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology				
15 16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	202,557	202,557	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	191,048	1	246,691
	2	Savings and temporary cash investments		2	· · ·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
	6	Loans and other receivables from other disqualified persons (as defined	4	5	
	6	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	1	6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	191,048	16	246,691
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0	$\overline{}$	0
	24	Unsecured notes and loans payable to unrelated third parties	. 0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part > of Schedule D			
				25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	191,048	27	246,691
B	28	Net assets with donor restrictions	0	28	0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
∍t	32	Total net assets or fund balances	191,048	32	246,691
ž	33	Total liabilities and net assets/fund balances	191,048	33	246,691

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			258	8,200			
2	Total expenses (must equal Part IX, column (A), line 25)	2			202	2,557			
3									
4									
5	Net unrealized gains (losses) on investments	5				0			
6	Donated services and use of facilities	6				0			
7	Investment expenses	7				0			
8	Prior period adjustments	8				0			
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10			246	6,691			
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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	منمام							
	Schedule O.	фап	OII						
•									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con			2a					
	reviewed on a separate basis, consolidated basis, or both.	iplied	ı or						
	•								
h	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?			2b		~			
D	If "Yes," check a box below to indicate whether the financial statements for the year were aud	 tad a		20					
	separate basis, consolidated basis, or both.	ieu o	'' a						
	Separate basis Consolidated basis Both consolidated and separate basis								
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t of						
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c					
	If the organization changed either its oversight process or selection process during the tax year, e								
	Schedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		~			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo		$\overline{}$					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b					
						(0000)			

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

OPE	N SOURCE ECOLOGY						9/514	
Pai	t I Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instructi	ons.	
The o	organization is not a private founda	ation because it i	s: (For lines 1 through	12, ched	k only or	ne box.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)			
3	☐ A hospital or a cooperative ho	spital service org	ganization described i	n sectior	170(b)(1	I)(A)(iii).		
4	A medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
	hospital's name, city, and stat	e:						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						al unit described in	
6	☐ A federal, state, or local gover	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).		
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(vi). (Complete Part II.)						n the general public		
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	☐ An agricultural research organ	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college	
	or university or a non-land-grauniversity:			,			· ·	
10	An organization that normally receipts from activities related	to its exempt fu	nctions, subject to ce	rtain exce	eptions: a	and (2) no more than	33¹/3% of its	
	acquired by the organization a	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)						
11	☐ An organization organized and		•		•	•		
12	☐ An organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of	
	one or more publicly supported	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check	
	the box on lines 12a through 13	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.	
а	☐ Type I. A supporting organ	nization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving	
	the supported organization					he directors or trust	ees of the	
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B				
b	☐ Type II. A supporting orga							
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С								
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.							
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)							
	that is not functionally inte	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	d an attentiveness	
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.		
е	☐ Check this box if the organ	nization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Type III	
	functionally integrated, or							
f	Enter the number of supported	organizations .						
g	Provide the following information	n about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
					T	,	,	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 42,552 79,413 26,542 195,490 258,200 602,197 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 79,413 195,490 602,197 42,552 26,542 258,200 5 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) **Public support.** Subtract line 5 from line 4 602,197 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 42,552 79,413 26,542 195,490 258,200 602,197 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 602,197 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 100 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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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.)

Secti	on A. Public Support			, , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	. ,		,		,	
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
_	•						
с 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						<u> </u>
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(4) 2010	(3) 2020	(6) 2021	(4) 2022	(6) 2020	(i) rotai
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.)	organization'	e firet second	third fourth	or fifth toy ve	ar as a costia	501(a)(2)
14	organization, check this box and stop he	•					. , . ,
Secti	on C. Computation of Public Suppor						<u>_</u> _
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				<u> </u>
17	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17					%	
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than $33^{1}/3\%$, check this box		_	-		_	_
b	331/3% support tests—2022. If the organize						
	line 18 is not more than 331/3%, check this l	_	=				_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions .

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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. 2 Section C. Type II Supporting Organizations Yes No 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). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page **6**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional	integrated Type III suppor	ting organization	
	(see instructions).			

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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

Name of the organization

OPEN SOURCE ECOLOGY

45-4997514

OPEN SOURCE ECOLOGY 45-499/514	
Form 990, Part VI, Section B, Line 11b - We do not have an accountant on the team so the executive director is responsible for producing a	1
P&L statement broken down by categories. This information is used as the basis for the Form 990 filing, where the final reconciliation is	
obtained from the year-beginning balance, revenue, and expenses calculating to the correct year-end balance. We have had Form 990 filled	
out by H&R Block in previous years. After years of this, now we have established a stable operating pattern that allows us to use follow the	
procedures to file with Form 990 Online. Our current review process for Form 990 involves the validation protocol provided by the online	
software, https://efile.form990.org, which points out any inconsistencies which we correct prior to the final submission.	
Form 990, Part VI, Section C, Line 19 - All records, documents, an corporate information may be found at About - Corporate at our website	-
https://opensourceecology.org. Policies, documents, and Form 990 filings are available on our wiki, https://opensourceecology.org/wiki.	
Form 990, Part VIII, Line 1f - Donations, gifts, and grants are broken down as: Grants - \$255000; Crowdfunding - \$3100	
70/11 7/0/1 dit viii/ Elifo 11 Donations/ girts/ direc grants die broton deut da. Grants 4250000/ Growd directing	
Form 200 Park IV. Line 14 of Francisco and health of down and Parkshaping Materials 604 143 Labor 64 400 Travel 6000 Infrastructure	
Form 990, Part IX, Line 11g - Expenses are broked down as: Prototyping + Materials \$81,112 Labor \$1400 Travel \$300 Infrastructure	
Improvement \$0 Independent Contractors \$12,800 Utilities \$2,700 Travel \$400 Internet \$650 Food \$800 Gas \$1,200 Loans \$89392 Other	
\$12,203	