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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

 Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990. Department'of the Treasury Internal Revenue Service

Open to Public Inspection

Δ	For the	2014 calen	dar year, or ta	vear hegi	nning Jul	1	. 20	14. and	d endin	g Jun	30		, 2015	,	
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	H-1	change					•				/80	21 7	85-20	77	
	\mathbf{H}	return	PO Box 53		, country, and ZIF	or foreign posts	l code		<u> </u>		(80.	<u> </u>	03-20		
	\vdash	etum/terminated		ato or province	, 000,109, 0110 2.11	og pool		7m 01	E074		G Gross n		\$ 145	, 050	
	\vdash	ded return	Thetford F Name and add					T 0	5074	H(a) Is this	a group return			Yes	X No
	Applic	ation pending						MII 0:	2760		- '			Yes	No
			Margaret Litt				40.47(0)(:	NH 0	527	If 'No,'	subordinates attach a list (see instr	uctions)		٠ر
<u> </u>		empt status	X 501(c)(3)	501(c) (însert no)	4947(a)() 01	1527						
<u>J</u>	Websi		w.openfie					1			exemption nu			- T700	
K		organization	X Corporation	Trust	Association	Other >		L Year	of formation	on 197	<u> </u>	itate of le	egal domici	le VT	
Pa	rt I	Summar	У				4!			11	1				
	1 Br	nefly describ	e the organizat	tion's missio	n or most sig	Initicant activ	rities:	prim	<u>lary</u>	<u>scuoo</u> ī	_educa	<u>tion</u>	<u></u>		
9	_												- 		
Activities & Governance	_						-			-	 -				
le II	2 -				n discontinue	d its operation			more t	 han 25% (of its net as				
g		heck this bo	ting members of	organization	ning body (Pa	art VI line 1a)					3 3			6
•ಶ	4 N	umber of inc	dependent votin	g members	of the govern	ning body (P	art VI, line	1b)				4	····		4
ies			of individuals e									5			5
E	6 To	otal number	of volunteers (estimate ıf n	ecessary) .							6			20
Act			d business rev					} · · · •		. .		7a			0.
	b N	et unrelated	business taxab	ole income f	rom Form 99	0 ₁ T; [ine 34 }	<u>[.]</u>	<u> </u>			<u> </u>	7b			0.
					8 8 12			.		F	rior Year		Cu	rrent Ye	
Revenue	8 C	ontributions	and grants (Pa	rt VIII, line 1	Ih);;;√···		718 Je				17,5				,262.
	9 Pi	rogram serv	and grants (Pa ice revenue (Pa come (Part VIII	art VIII, line	2g)လို · · M	AR .@ @ .&!	nio · √8			٠	101,2				,800.
eve	10 111	ACOUNCING III	come (i air viii	, column (r)	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ilia i aj i i .		3.≬		·	12,1				<u>,898.</u>
Œ			e (Part VIII, colt								11,0				<u>,176.</u>
			- add lines 8								141,9			143,	<u>,136.</u>
			milar amounts i	•								0.			0.
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ø			er compensation								111,8	68.		<u> 110,</u>	<u>,679.</u>
Expenses	16a Pi	rofessional f	fundraising fees	(Part IX, co	olumn (A), line	e 11e)				· 					
ĝ	b To	otal fundrais	ing expenses (Part IX, colu	ımn (D), line	25) ►		1,	744.				•	*	•
ű	17 0	ther expens	es (Part IX, col	umn (A), line	es 11a-11d, 1	 I1f-24e)					47,2	16.		39,	,242.
			es. Add lines 13								159,0			149,	,921.
-			expenses. Sub								-17,1	52.		-6,	,785.
გ გ			· · · · · · · · · · · · · · · · · · ·			-					ng of Currer	nt Year	En	d of Ye	аг
Assets or Balances	20 To	otal assets (Part X, line 16)								806,0			826,	,014.
. § 8	21 To	otal liabilitie:	s (Part X, line 2	6)		<i></i> .					18,1	34.		16,	,530.
žŠ	22 N	et assets or	fund balances.	Subtract lin	e 21 from line	e 20					787,9	53.		809	,484.
Pa		Signatu													
Unde	er penalties	of penury, I de	clare that I have exa	mined this return	n, including accor	npanying schedu	les and staten	nents, and	to the be	st of my know	/ledge and bel	ef, it is t	rue, correct	, and	
com	olete Decla	ration of prepar	er (other than officer	r) is based on al	I information of w	hich preparer ha	s any knowled	ge.							
			OXCORS!	k Lit	He _					_ \	2/29	114	D		
Sig	ın	Signatu	re of officer							Da	ate ((•		
Hè	re	Mar	garet Lit	tle						Trea	surer				
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		Print/Type p	reparer's name		Preparer's sig	gnature D	0	Da	ate		Check	X if	PTIN		
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	eparer	Firm's name			Barrows		XZ								
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	_			ord Cer			VI 05	075-	0245		Phone no	(80:	2) 78	5-460)7
May the IRS discuss this return with the preparer shown above? (see instructions)									es	No					

	990 (2014		, Inc.			03-0	226188	Page 2
Par		atement of Progra		•				
				e to any line in this Part	<u> </u>	<u> </u>	· · · · · · · ·	
1	• •	cribe the organization's						
	primar	<u>y school educa</u>	<u>tion</u> _					
		 _						
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$-{2}$	Did the ord	anization undertake an	y significant program	services during the year	which were not listed	on the prior		
	_						Yes	X No
		scribe these new servic					لبا	لتت
3	Did the ord	anization cease conduc	cting, or make signific	ant changes in how it co	nducts, any program s	services?	Yes	X No
		, scribe these changes o		•				ш
4	Section 50	he organization's progra 1(c)(3) and 501(c)(4) or ue, if any, for each prog	rganizations are requi	nments for each of its thr red to report the amount	ee largest program se of grants and allocation	ervices, as measu ons to others, the	red by expense total expenses	es. 3,
		ue, is any, for each progr						
4 a	(Code:			7. including grants of			\$14	3,302.)
				n_to_students_i			-	
				tudents: Grade		st_(3),		
	Second	<u>(2), Third (3</u>	3) <u>, Fourth (4)</u>), Fifth (8), S	<u>ixth (5)</u>			
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4 d	_	gram services. (Describe				¢		,
	(Expenses		including gra) (Rever	nue \$)
4 6	Fotal prog	ram service expenses	<u>▶ 1</u>	47,897.				

	•		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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
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		х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		Х
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 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	407771140 994	X
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			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
l	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	11 b	Х	
,	c 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? If 'Yes,' complete Schedule D, Part VIII	11 c		х
•	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? If Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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)? If 'Yes,' complete Schedule D, Part X	11f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If Yes,' complete Schedule D, Parts XI, and XII	12a		х
	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	12 b		Х
13	• • • • • • • • • • • • • • • • • • • •	13	Х	
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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? If Yes,' complete Schedule F, Parts II and IV	15		х
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		Х
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? If Yes, complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	h If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) Open Fields, Inc.

Partive Checklist of Required Schedules (continued)

	•		Yes	No
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		Х
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		х
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		х
24 a	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 through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
k	o 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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	ماريقا بالما	X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, 'complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Earm	000 /	20141

Form 990 (2014) Open Fields, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check is Scriedule O Contains a response of note to any fine in this Part V	<u> </u>	T	للن
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4]
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a	,		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4	a 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)?	4 a		х
	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)	<u></u>		L
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	1		'
	services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
	the form 8282?	1		^
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	 ••		 -
	as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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	-F	<u> </u>		<u> </u>
	a Did the sponsonng organization make any taxable distributions under section 4966?	9 a		<u> </u>
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	 	
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12	4		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-{		
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.)			
12	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	 	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	4 .		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		ļ
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	<u>_</u> . & .	. ::1
	Note. See the instructions for additional information the organization must report on Schedule O.	1.25	5 12	-".
	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	J ,		
_	c Enter the amount of reserves on hand	1		
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	\longmapsto	Х
RΔ	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	990 (20141
	(FEAD105 05/28/14	COUNT		

Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	'n		
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	· · · ·	. X
Sec	ction A. Governing Body and Management			
-			Yes	No
1:	a Enter the number of voting members of the governing body at the end of the tax year			
	b Enter the number of voting members included in line 1a, above, who are independent 1 b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
•	members of the governing body?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b		Х
9	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 in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b 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?	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a		Х
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		Х
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13		13		Х
14	The state of the s	14		Х
15				
	a The organization's CEO, Executive Director, or top management official	15a		X
	b Other officers or key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	, [
	taxable entity during the year?	16 a		Х
	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 organization's exempt status with respect to such arrangements?	 16b		
Sa	ction C. Disclosure	.		•
17		_		•
18	100 to 10	availat	e – –	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	the public during the tax year.	e 10		
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•										
Form 990 (2014) Open Fields, Inc.									03-02261	
Partivil Compensation of Officers, Director Independent Contractors	ors, Tru	ste	es,	Key	y Ei	npl	oye	es, Highest C	ompensated Er	nployees, and
Check if Schedule O contains a response or	note to an	y line	in t	this I	Part	VII .				
Section A. Officers, Directors, Trustees, Ke	ey Empl	oye	es,	, an	d F	ligh	es	t Compensate	d Employees	
1 a Complete this table for all persons required to be listed organization's tax year.	·	•								
 List all of the organization's current officers, directo compensation. Enter -0- in columns (D), (E), and (F) if no 	rs, trustee compensa	s (wi	heth was	er in paid	idivid 1.	luals	or	organizations), reg	ardless of amount of	
List all of the organization's current key employees.								• • •		
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form Worganization and any related organizations. 	sated emp -2 and/or f	oyee Box 7	of I	Form	109	n an 99-M	ISC	er, director, trusted) of more than \$10	e, or key employee) 0,000 from the	
 List all of the organization's former officers, key em of reportable compensation from the organization and any 					omp	ensa	ted	employees who re	ceived more than \$1	00,000
 List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensat 	i stees tha ion from th	t rece ne or	eive gani	d, in izatıc	the on a	capa nd ar	icity 1y re	as a former directo elated organization	or or trustee of the s.	
List persons in the following order: individual trustees or d employees; and former such persons.	irectors; ir	stitu	tiona	al tru	stee	s; of	fice	rs; key employees;	highest compensate	ed
Check this box if neither the organization nor any rela	ted organi	zatio	n co			ted a	ny d	current officer, dire	ctor, or trustee	
		 		(C)		-l				
(A) Name and Title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Meg McLean Secretary	1.00	х						0.	0.	0.
(2) Nellie Pennington Director/Head of School	10.00	х			х			4,000.	0.	0.
(3) Margaret Little Treasurer	1.00	х		Х				0.	0.	0.
	3.00	х		х				0.	0.	0.
(5) Ruth Cserr Vice-Chair	1.00	х						0.	0.	0.
(6) Nathan Hine Director	1.00	х						0.	0.	0.
_(7)										
(9)										
(40)	1		П		$\overline{}$		\Box			

(14)

(11)

(12)

(13)

(A) Name and title	Average hours per week	box.	unle: cer ar	ss pe nd a d	tion more rson i	than cost both or/trust	an lee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou	(F) timated int of ot	ther
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)	fr orga and	om the anization i related anization	n
5)												
6)												
7)												_
8)		\vdash										_
9)												_
						<u> </u>						_
 !1)												_
						-						_
3)							<u> </u>					_
14)											_	_
25)												_
1 b Sub-total	tion A						> > >	4,000.	0.			_
d Total (add lines 1b and 1c)	ed to those	listed	abo	ve)	who	rece	eive	4,000. d more than \$100,0	0. 000 of reportable com	pensal	ion	-
	or or trustee	a kay	om.	nlov	00	or hi	aha	et companyated em	nnlovee		Yes	1
on line 1a? If Yes,' complete Schedule J for such	ındıvidual		٠.	•	٠.	• •	•			. 3	~ ***	
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	r than \$150,	000?	If 'Y	es' (com	plete	Sci	hedule J for		. 4		
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compensat complete S	ion fr	om a	any (<i>J for</i>	unre suc	elated ch pe	org rsor	ganization or individ	lual	. 5		-
ection B. Independent Contractors 1 Complete this table for your five highest compens compensation from the organization Report comp	ated indepe	nden r the	t cor	ntrac	tors	that ar en	rec	eived more than \$1 with or within the	00,000 of organization's tax vea	ar.		_
(A) Name and business add								(B) Description o			C) nsatio	or —
												_
								1				_

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Unrelated Related or Revenue exempt business excluded from tax function revenue under sections 512-514 revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1 b c Fundraising events 1 c Giffts, (d Related organizations 1 d 1 e e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above. . 12,262 q Noncash contributions included in lines 1a-1f. \$ h Total, Add lines 1a-1f 12,262 Program Service Revenue Business Code 0 611110 95,800 95,800 f All other program service revenue . . . 95,800 Investment income (including dividends, interest and 0 12,898. 12,898 Income from investment of tax-exempt bond proceeds . . . Royalties.... (II) Personal (ı) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) (ı) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less. cost or other basis and sales expenses . . . c Gain or (loss) 8 a Gross income from fundraising events Other Revenue (not including . . \$ _ 3,350. of contributions reported on line 1c). c Net income or (loss) from fundraising events 18,251 9 a Gross income from gaming activities See Part IV, line 19. **b** Less, direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances 128 **b** Less: cost of goods sold c Net income or (loss) from sales of inventory 128 0. 0. 128. Miscellaneous Revenue Business Code 11a <u>misc_refunds____</u> 611110 3,797. 3,797 0. d All other revenue

e Total. Add lines 11a-11d

3.797

99,725

143,136

0

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (A) Total expenses (B) (D) Do not include amounts reported on lines Fundraising Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. 0 0 Grants and other assistance to domestic Individuals. See Part IV, line 22 0 0 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees 4,000 0 4,000 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages. 90,990 90,990 0 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 7,692 7,492 200 0. 7,997 7.797 200 0. 11 Fees for services (non-employees): 494 0 494 0. e Professional fundraising services See Part IV, line 17 . f Investment management fees g Other. (If line 11g amt exceeds 10% of line 25, column 1.560 1,560 0 (A) amount, list line 11g expenses on Schedule O) . . . Advertising and promotion 0. 3,014 3,014 0 2,299 2,299 0. Information technology 18,324 15,576 1,832 916 17 Payments of travel or entertainment expenses for any federal, state, or local 19 Conferences, conventions, and meetings . . . 12 0 12 Λ 20 Interest........... 21 6,768 0. Depreciation, depletion, and amortization . . . 6,768. 0. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e a Supplies_____ 414 n 828. **b** <u>Bldg._____</u> 0 n 0 0 160 c Equipt Maint 160 0 0. d Program Expense 369 369 Ω e All other expenses 25 Total functional expenses. Add lines 1 through 24e. . 149,921 141,439 6,738. 1,744. 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).

2 Savings and temporary cash investments 114,108. 2 112,355.		_	Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	· · · · <u>·</u>	
2 Savings and temporary cash investments 114,108 2 112,355.			•	(A) Beginning of year		(B) End of year
2 Savings and temporary cash investments 114,108 2 112,355.		1	Cash – non-interest-bearing	9,398.	1	8,223.
A Accounts receivable, net		2		114,108.	2	112,355.
10		3	Pledges and grants receivable, net		3	
trustees, key employees, and highest compensated employees. Complete Part Iol OS chedule L 8	ł	4		212.	4	0.
trustees, key employees, and highest compensated employees. Complete Part Iol OS chedule L 8	ļ	5	Loans and other receivables from current and former officers, directors.			
section 4958(f)(1), persons described in section 4958(c)(3)(d), and contributing employers and sponsoring organizations of section 501(c)(g) voluntary employee's beneficiary organizations (see instructions). Complete Part II of Schedule L		•	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
8		6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	-	6_	-
10 a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D. b Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – publicly traded securities 14 Investments – publicly traded securities 15 Investments – publicly traded securities 16 Investments – publicly traded securities 17 Investments – program-related. See Part IV, line 11 18 Investments – program-related. See Part IV, line 11 19 Other assets. See Part IV, line 11 10 Other assets. See Part IV, line 11 11 Intangible assets 11 Intangible assets 11 Intangible assets 12 Other assets. See Part IV, line 11 13 Intangible assets. Add lines 1 through 15 (must equal line 34) 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 11 Intangible assets 11 Intangible assets 12 Escrow or custom payable and accrued expenses 11 Intangible assets 12 Escrow or custom liability. Complete Part IV of Schedule D 20 Tax-exempt bond liabilities 21 Escrow or custom liability. Complete Part IV of Schedule D 22 Leans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (nolluding federal income tax, payables to related third parties, and other liabilities inclinding federal income tax, payables to related third parties 25 Other liabilities (nolluding federal income tax, payables to related third parties, and other liabilities inclinding federal income tax, payables to related third parties 26 Total liabilities and follow SFAS 117 (ASC 958), check here Intense 27 through 29, and lines 33 and 34 27 Unrestricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted	ts	7			7	
10 a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D. b Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – publicly traded securities 14 Investments – publicly traded securities 15 Investments – publicly traded securities 16 Investments – publicly traded securities 17 Investments – program-related. See Part IV, line 11 18 Investments – program-related. See Part IV, line 11 19 Other assets. See Part IV, line 11 10 Other assets. See Part IV, line 11 11 Intangible assets 11 Intangible assets 11 Intangible assets 12 Other assets. See Part IV, line 11 13 Intangible assets. Add lines 1 through 15 (must equal line 34) 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 11 Intangible assets 11 Intangible assets 12 Escrow or custom payable and accrued expenses 11 Intangible assets 12 Escrow or custom liability. Complete Part IV of Schedule D 20 Tax-exempt bond liabilities 21 Escrow or custom liability. Complete Part IV of Schedule D 22 Leans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (nolluding federal income tax, payables to related third parties, and other liabilities inclinding federal income tax, payables to related third parties 25 Other liabilities (nolluding federal income tax, payables to related third parties, and other liabilities inclinding federal income tax, payables to related third parties 26 Total liabilities and follow SFAS 117 (ASC 958), check here Intense 27 through 29, and lines 33 and 34 27 Unrestricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted	ŝ	8	Inventories for sale or use		8	
b Less: accumulated depreciation	Ä	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation		10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
11 Investments – publicly traded securities . 357, 933 12 386, 249 12 Investments – other securities. See Part IV, line 11 357, 933 12 386, 249 13 Investments – program-related. See Part IV, line 11 13 14 Intrangible assets . 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 806, 087 16 826, 014 17 Accounts payable and accrued expenses . 1, 134 17 1, 405 18 Grants payable and accrued expenses . 1, 134 17 1, 405 19 Deferred revenue . 17, 000 19 15, 125 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, lighest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties . 23 25 Other liabilities, (including federal income tax, payables to related third parties . 24 26 Total liabilities. Add lines 17 through 25 . 18, 134 26 16, 530 . 27 Organizations that follow SFAS 117 (ASC 958), check here	ĺ	b	Less: accumulated depreciation 10b 63,870.	324,436.	10 c	319,187.
13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 806, 087, 16 826, 014, 17 Accounts payable and accrued expenses 1, 134, 17 1, 405, 18 18 19 Deferred revenue 17, 000, 19 15, 125, 19 19 15, 125, 19 19 10 19 15, 125, 19 19 10 19 15, 125, 19 19 10 19 15, 125, 19 19 10 19 15, 125, 19 19 19 19 19 19 19 19					T	
13 Investments — program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 806, 087. 16 826, 014. 17 Accounts payable and accrued expenses 1, 134. 17 1, 405. 18 18 19 Deferred revenue 17,000. 19 15, 125. 18		12	Investments – other securities. See Part IV, line 11	357,933.	12	386,249.
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part I of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that on ort follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► □ 29 Organizations that do n		13	Investments – program-related. See Part IV, line 11		13	
16		14	Intangible assets		14	
16		15	Other assets. See Part IV, line 11		15	
18 Grants payable 18 17,000 19 15,125 20		16		806,087.	16	826,014.
18 Grants payable 18 17,000 19 15,125 20	_		Accounts payable and accrued expenses		17	
20 Tax-exempt bond liabilities		18			18	
Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue	17,000.	19	15,125.
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities		20	
23 Secured mortgages and notes payable to unrelated third parties	es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties	abiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	7	23				 -
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D					24	
Total liabilities. Add lines 17 through 25			i i i i i i i i i i i i i i i i i i i		25	
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26	r	18 134		16 530
Composition	S		Organizations that follow SFAS 117 (ASC 958), check here ► and complete			107550.
27 28 29 29 29 29 29 29 29 29 29 2	월	27				
Permanently restricted net assets	Ē					
29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	8				 	
Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	밀	29	· · · · · · · · · · · · · · · · · · ·		29	
30 Capital stock or trust principal, or current funds	Pr Fu		and complete lines 30 through 34.			
31 Paid-in or capital surplus, or land, building, or equipment fund 324,436. 31 319,187. 32 Retained earnings, endowment, accumulated income, or other funds 105,584. 32 104,048. 33 Total net assets or fund balances 787,953. 33 809,484. 34 Total liabilities and net assets/fund balances 806,087. 34 826,014.	13	30	, , , , , , , , , , , , , , , , , , ,	357,933.	30	386,249.
32 Retained earnings, endowment, accumulated income, or other funds	8	31	Paid-in or capital surplus, or land, building, or equipment fund	324,436.	31	319,187.
33 Total net assets or fund balances. 787,953. 33 809,484. 34 Total liabilities and net assets/fund balances. 806,087. 34 826,014.	As	32	Retained earnings, endowment, accumulated income, or other funds	105,584.	32	104,048.
34 Total liabilities and net assets/fund balances	草	33		787,953.	33	809,484.
		34	Total liabilities and net assets/fund balances	806,087.	34	826,014.

Form	1990 (2014) Open Fields, Inc. 03-0	226188		Pa	ige 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		• • •		<u>.</u> 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	43,1	136.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	49,9	921.
3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3		-6,7	785.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	87 , 9	953.
5	Net unrealized gains (losses) on investments	5		28,3	316.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		10	8(09,4	184.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>			<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	,			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		į		,
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1		1
t	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		ı İ		
	basis, consolidated basis, or both			,	
	Separate basis Consolidated basis Both consolidated and separate basis			···	
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		, ,	r	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		х
t	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		L
BAA			Form	990 (2	2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Oper	F	ields,	Inc.					03-022618	8			
Part		Reason	for Public Cha	rity Status (All or	ganizations must co	omplete	e this p	part.) See instruction	ns.			
The or	gani	zation is n	not a private foundat	ion because it is: (For	lines 1 through 11, checl	k only or	e box.)					
1	\square	A church, d	convention of churcl	hes, or association of o	churches described in se	ction 17	'0(b)(1)(A)(i).				
2	\mathbf{x}	A school d	lescribed in section	170(b)(1)(A)(ii). (Attac	ch Schedule E)							
3	Π	A hospital	or a cooperative ho	spital service organizat	tion described in section	170(b)	1)(A)(iii).				
4								170(b)(1)(A)(iii). Enter tl	ne hospital's			
			, and state:									
5		An organiz 1 70(b)(1) (/	zation operated for the A)(iv). (Complete P	he benefit of a college art II.)	or university owned or o	perated	by a gov	ernmental unit described	in section			
6				•	I unit described in sectio	•		-				
7	□ ¦	An organiz In section	zation that normally 1 170(b)(1)(A)(vi). (0	receives a substantial _l Complete Part II.)	part of its support from a	governr	nental u	nit or from the general pu	ublic described			
8	_		•	, ,, ,, ,	(vi). (Complete Part II)							
9	ロ f 	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its 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.)										
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11	ш,	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.										
а	ш,	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.										
b		Type II. A manageme	supporting organiza	ition supervised or con g organization vested ir	trolled in connection with the same persons that	its supp control c	orted or or manag	ganization(s), by having ge the supported organiz	control or ation(s) You			
C	\Box ;	Type III fu organizatio	inctionally integration(s) (see instruction	ed. A supporting organes). You must comple	nization operated in conn te Part IV, Sections A,	ection w D, and E	rith, and ≣.	functionally integrated w	ith, its supported			
d	LJ f	functionally	v integrated. The or	egrated. A supporting o ganization generally molete Part IV, Sections	ust satisfy a distribution i	connect	ion with ent and	its supported organization an attentiveness require	n(s) that is not ment (see			
е	П	Check this	box if the organizat		determination from the IF	RS that is	s a Туре	I, Type II, Type III functi	onally			
				ganizations								
g	Prov	vide the fo	ollowing information	about the supported or	ganization(s).							
			me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organizati in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
(A)		, v										
<u></u>												
(B)												
(C)												
(D)												
		-										
<u>(E)</u>												
Total	_											
BAA	For	Paperwor	rk Reduction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (Form	n 990 or 990-EZ) 2014			

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

		•									
(Camplete	anhy if you aha	cked the box on	line 5 7 or 9	of Dart I	or if the oras	anızation faıl	eun at be	lify under 🛭	ort III	If the	
(Combiere	only if you che	cked the box on	III 0 3, 7, 01 C	OFAILI	or ir the orga	ainzauon ian	eu io qua	miy under i	artin	11 (116	,
òrganizatio	n faile to qualif	y under the tests	ticted helow	nlasea	omolete Pai	et III: \					
organizatio	n rans to quain	y unider die test	s ligited pelow	, picase c	willbiete rai	1 t 1111 <i>j</i>					

Sec	tion A. Public Support		<u> </u>			,	
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				,		
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
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)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	ies, etc (see instrud	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	▶ 🔲
Sec	tion C. Computation of Pu	blic Support F	Percentage			·····	
	Public support percentage for 201	4 (line 6, column (f) divided by line 11	l, column (f))		14	<u>%</u>
15							<u>%</u>
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported orga	x on line 13, and t nization	he line 14 is 33-1/3	% or more, check	this box
t	o 33-1/3% support test — 2013. If t and stop here. The organization o	he organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/ 	3% or more, check	this box
17 a	n 10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' te:	st, check this box a	and stop here. Exp	olain in Part VI how	_
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' te: t. The organization	st, check this box a nqualifies as a put	and stop here. Exp olicly supported org	olaın ın Part VI how Janization	the ▶
18	Private foundation. If the organiz	ation did not check	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instructio	ns ▶
BAA					Cal	andula A (Form 99)	2 az 000 EZ\ 2014

Schedule A (Form 990 or 990-EZ) 2014 Open Fields, Inc.

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

,				` '\ '		
(Complete only if	you checked the	box on line 9 of Pa	art I or if the organization	on failed to qualify un	der Part II. If the organizat	on fails
to qualify under the	he tests listed be	low please comple	te Part II.)			

	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees	[
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities	ļ					
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities	<u> </u>	. — — — —				
	that are not an 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	facilities furnished by a						
	governmental unit to the organization without charge.						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1.	<u> </u>		 	 		
	2, and 3 received from						
h	disqualified persons				-		<u> </u>
D	Amounts included on lines 2 and 3 received from other than]					
	disqualified persons that exceed the greater of \$5,000 or	1					
	1% of the amount on line 13						
	for the year						
	Add lines 7a and 7b	hand the said of the said	Saldings , Talker of the Total of the	a septem of the second	 		
8	Public support (Subtract line 7c from line 6.)					<u> </u>	
	tion B. Total Support			1	T		
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6			ļ			
10 a	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						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on	<u> </u>			-		
12	Other income Do not include gain or loss from the sale of	1					
	capital assets (Explain in						
13	Part VI.)						
	10c, 11 and 12.) First five years. If the Form 990 i	for the averagination	n's first passand	third fourth or fifth	1 tox voor on a cont	 	
	organization, check this box and s	stop here		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	······································	▶ 🗍
	tion C. Computation of Pu						
15	Public support percentage for 201						ક
16	Public support percentage from 20 tion D. Computation of Inv					10	1
17	Investment income percentage for				n)	17	
18	Investment income percentage for	•	• • •	-			96
	33-1/3% support tests — 2014. If						
	is not more than 33-1/3%, check t	his box and stop h e	ere. The organiza	ition qualifies as a	publicly supported	organization	▶ ∐
b	33-1/3% support tests — 2013. If	f the organization di	d not check a box	on line 14 or line	19a, and line 16 is	more than 33-1/3%	6, and
20	line 18 is not more than 33-1/3%, Private foundation. If the organization						
	Private foundation, if the organiz	Lation did Not Check	TEEAMO3			hedule A (Form 9)	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
				1
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			l
	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		
	the designation in motorie and sentimating relationship, experim	<u> </u>	ł	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		
_				
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		-
	and (c) below	- 54		
	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	3b	ļ	<u> </u>
	The second secon			
•	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	3 c		
	purposes ? Il res, explain in Part vi what controls the organization put in place to ensure such use	36		
	M. A. Marian and M. Marian and			
4 :	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	If you checked 11a of 11b in 1 art, answer (b) and (e) below 1	—		
	Did the appropriate house ultimate control and discretion in deciding whether to make grants to the foreign supported			
1	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		
	, , , ,			
	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	4-		
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	 -	├
_	Public and in the state of an extension of the state of t			
3	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		↓
	The state of the s		l	
	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		
	organization's organizing document: 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	İ	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations; (b) individuals that are part of the chartable class benefited by one			
	the filing organization's supported organizations? If Yes,' provide detail in Part VI	6		
	and ming digametation dapper to a digametation in proof, provide details in a second		 	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			-
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
·	complete Part I of Schedule L (Form 990)	8		
9	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		
	• •	المراب د.	-	
	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the		تتثنت	تعقد
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	. ~~	L
	Pit II III and the second of t		A. 25.	-
,	c Did a disqualified person (as defined in line 9(a)) 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		
	access in miles are supporting organization also had an interest in roof profite dotter in the extension and the first transfer in the extension and the ext		-	
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding			1
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If Yes,'	10a		ŀ
	answer (b) below	lua	-	├
	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)	10ь	i	l l

Pa	rt IV Supporting Organizations (continued)		
	•	Ye	s No
11	Has the organization accepted a gift or contribution from any of the following persons?	T	
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	a	
	b A family member of a person described in (a) above?	ь	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	С	
Sec	tion B. Type I Supporting Organizations		
		Yes	s No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,		
	applied to such powers during the tax year		
2	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	-	
Sec	ction C. Type II Supporting Organizations		
		Yes	No
1	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)		-
Sec	tion 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	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)		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	-	-
Sec	tion 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
_			
2	Activities Test. Answer (a) and (b) below.	Yes	No
i	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	a	
I	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
3	Parent of Supported Organizations Answer (a) and (b) 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? Provide details in Part VI		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	5	

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	lovem tions A	ber 20, 1970. See instru Athrough E.	uctions. All
Sec	tion A – Adjusted Net Income		(A) Pnor 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		
Sec	tion B – Minimum Asset Amount		(A) Pnor 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	1 a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
6	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3_	Mınımum 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	v	
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Type		
BAA			Schedule A (Fo	orm 990 or 990-EZ) 2014

	edule A (Form 990 or 990-EZ) 2014		·	Page 7	
1	rt V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	tions (continued)		
Sec	tion D — Distributions	·-··		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purpos	es			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions	butions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.				
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014	
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)				
3	Excess distributions carryover, if any, to 2014:				
а					
b					
				· · · · · · · · · · · · · · · · · · ·	
-					
6	From 2013				
1	Total of lines 3a through e				
	Applied to underdistributions of prior years		1 1 1		
	Applied to 2014 distributable amount		<u> </u>		
	Carryover from 2009 not applied (see instructions)				
	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2014 from Section D, line 7.				
a	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)				
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)				
7	Excess distributions carryover to 2015. Add lines 3j and 4c	· · · · · · · · · · · · · · · · · · ·			
8	Breakdown of line 7:				
a					
b					
				 	
	Excess from 2013				
	Excess from 2014		·		
•		·		j	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

n990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Open Fields, Inc.	03-0226188
Dar	t In Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
rai	Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) and and and account
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
7		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advise are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · Yes
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of impermissible private benefit?	onferring
Par	Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g , recreation or education)	storically important land area
	Protection of natural habitat Preservation of a ce	ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	f a conservation easement on the
	last day of the tax year.	1 Hold of the End of the Toy Voc
	Total number of conservation easements	Held at the End of the Tax Year
		2 a 2 b
	Total acreage restricted by conservation easements	2 6
	: Number of conservation easements on a certified historic structure included in (a)	26
•	I Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of viand enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements du	ring the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during t ▶\$	he year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(and section 170(h)(4)(B)(ii)?	h)(4)(B)(i) · · · · · · No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	statement, and balance sheet, and e organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Otle Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	ner Similar Assets.
1:	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statem art, historical treasures, or other similar assets held for public exhibition, education, or research in further in Part XIII, the text of the footnote to its financial statements that describes these items	ent and balance sheet works of erance of public service, provide,
ı	o If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furtheran following amounts relating to these items.	and balance sheet works of art, ce of public service, provide the
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenue included in Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession, items (check all that apply)	and other records, check	any of the following that	are a significant use of its	s collection
a Public exhibition	d Loan	or exchange programs		
b Scholarly research	e Other			·
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII.				
5 During the year, did the organization solicit or re to be sold to raise funds rather than to be maintained.	ained as part of the organ	ization's collection?		Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on F	Form 990, Part X, lin	e 21.	wered tes to Form	990, Fait IV,
1 a Is the organization an agent, trustee, custodian, on Form 990, Part X?			sets not included	Yes No
bir fes, explain the arrangement in Part Alli and	complete the following ta	iDi U .		Amount
c Beginning balance			. 1c	Amount
d Additions during the year				
e Distributions during the year				
f Ending balance				
2a Did the organization include an amount on Form				Yes No
b If 'Yes,' explain the arrangement in Part XIII. Ch				
Sir 103, Oxpidir alo dirangoment in rate xiii. On		provided in		
Part V Endowment Funds. Complete if	the organization ans	wered 'Yes' to Form	990, Part IV, line 1	0.
(a) Current				(e) Four years back
1 a Beginning of year balance			, , , , , , , , , , , , , , , , , , , ,	1
b Contributions				
e Not investment earnings, gains				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs			_	
f Administrative expenses				
g End of year balance	upper and balance (fine 1s	a column (a)) hold as:		!
2 Provide the estimated percentage of the current	year end balance (line 10	g, coluinii (a)) neid as.		
a Board designated or quasi-endowment b	<u> </u>			
	。 용			
c Temporarily restricted endowment				
The percentages in lines 2a, 2b, and 2c should	equal 100 %.			
3 a Are there endowment funds not in the possession	on of the organization that	t are held and administere	ed for the	Yes No
organization by (i) unrelated organizations				
(i) unrelated organizations				. 3a(i) . 3a(ii)
b If 'Yes' to 3a(ii), are the related organizations lis				. 3b
				. 30
Part VI Land, Buildings, and Equipmen		unus.		
Complete if the organization answ		990, Part IV, line 11a	a. See Form 990, Pa	rt X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		96,500.		96,500.
b Buildings	•	166,120.	12,600.	153,520.
c Leasehold improvements	•	81,065.	26,061.	55,004.
d Equipment	•	39,372.	25,209.	14,163.
e Other	•			
Total. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X, colu	mn (B), line 10c.)		319,187.
BAA				ule D (Form 990) 2014

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Estate Stock Fund	386,249.	FMV
<u></u>		
)		
()		
<u>′</u>		
tal. (Column (b) must equal Form 990, Part X, column (B) line 12) ▶	386,249.	
ort VIII Investments - Program Related.	<u> </u>	Part IV, line 11c. See Form 990, Part X, line 1
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market
1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(1)		
(9)		
(9)		
(8) (9) 110) otal. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets.		Part IV line 11d See Form 990 Part Y line 1
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) ► art IX Other Assets. Complete if the organization answered " (a) De		Part IV, line 11d. See Form 990, Part X, line 1
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) ► art IX Other Assets. Complete if the organization answered " (a) De (1)	Yes' to Form 990, F	
(9) 10) Ital. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3)	Yes' to Form 990, F	
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4)	Yes' to Form 990, F	
(9) 10) Ital. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets.	Yes' to Form 990, F	
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) ► art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6)	Yes' to Form 990, F	
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7)	Yes' to Form 990, F	
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, F	
(9) Ital. (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, F	
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) ► art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, F	(b) Book v
(9) 10) Ital. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Ital. (Column (b) must equal Form 990, Part X, column (B), Intert X Other Liabilities.	Yes' to Form 990, F scription	(b) Book v
(9) Ital. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B), Ident X Other Liabilities. Complete if the organization answered 'Yes' to Fe	Yes' to Form 990, F scription line 15.)	(b) Book v
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered (a) December (b) (a) December (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, F scription	(b) Book v
(9) Ital. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered (a) December (b) (a) December (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, F scription line 15.)	(b) Book v
(9) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered (a) December (b) (a) December (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, F scription line 15.)	(b) Book v
(9) Ital. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered (a) December (b) (a) December (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, F scription line 15.)	(b) Book v
(9) Ital. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered (a) December (b) (a) December (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, F scription line 15.)	(b) Book v
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) tal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes' to Form 990, F scription line 15.)	(b) Book v
(9) Ital. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Ital. (Column (b) must equal Form 990, Part X, column (B), Interest (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Yes' to Form 990, F scription line 15.)	(b) Book v
(9) Ital. (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B), because of the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes' to Form 990, F scription line 15.)	(b) Book v
(9) Intal. (Column (b) must equal Form 990, Part X, column (B) line 13). The complete if the organization answered (a) Decomplete if the organization answered (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, F scription line 15.)	(b) Book v
(9) Intal. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered (a) December (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' to Form 990, F scription line 15.)	(b) Book v
(9) tal. (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, F scription line 15.)	(b) Book v

- 10 ct	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	4
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	i
b Other (Describe in Part XIII.)	, ,
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
Complete if the organization and the territorial transfer and transfer and t	
1 Total expenses and losses per audited financial statements	1
	1
1 Total expenses and losses per audited financial statements	1
1 Total expenses and losses per audited financial statements	1
1 Total expenses and losses per audited financial statements	1
1 Total expenses and losses per audited financial statements	1
1 Total expenses and losses per audited financial statements	1 2 e
1 Total expenses and losses per audited financial statements	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1.	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. C Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1.	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1.	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	3 !
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	3 4c

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

Schedule **D** (Form 990) 2014

SCHEDULE E

Schools

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2014

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 99Q-EZ)

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Inspection

| Employer Identification number

03-0226188 Open Fields, Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other 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, 2 Х 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 3 Х See attached brochure, "Open Fields School". This brochure is widely distributed in the general community. Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . Х **b** Records documenting that scholarships and other financial assistance are awarded on a racially 4 b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with d Copies of all material used by the organization or on its behalf to solicit contributions? Х If you answered 'No' to any of the above, please explain If you need more space, use Part II. Does the organization discriminate by race in any way with respect to. 5 a a Students' rights or privileges?........ Х 5 b **b** Admissions policies? Х c Employment of faculty or administrative staff? . . Х 5 d d Scholarships or other financial assistance? . . Х 5 е Х Х 5 g g Athletic programs? . . Х h Other extracurricular activities? 5 h Х If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II 4 6 a Does the organization receive any financial aid or assistance from a governmental agency? . . . Х 6 b b Has the organization's right to such aid ever been revoked or suspended? Х If you answered 'Yes' to either line 6a or line 6b, explain on Part II. 7 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,' explain on Part II

Page 2

Schedule E (Form 990 or 990-EZ) (2014) Open Fields, Inc. 03-0226188

Partill Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Line 3

Six members on the governing board.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer Identification number

Ope	pen Fields, Inc. 03-0226188									
Par										
		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(c od of c contri	determini	ing mounts		
1	Art – Works of art				<u> </u>					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes				f					
8	Intellectual property				1					
9	Securities — Publicly traded	 			 					
10	Securities - Closely held stock	<u> </u>			 					
	Securities — Partnership, LLC, or trust interests.	 			 	-				
11	Securities — Miscellaneous				ļ					
12 13	Qualified conservation contribution —									
	Historic structures				 					
14	Qualified conservation contribution — Other			 	 					
15	Real estate – Residential									
16	Real estate – Commercial	<u> </u>			<u> </u>					
17	Real estate – Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts			<u> </u>	<u> </u>					
23	Scientific specimens									
24	Archeological artifacts									
25	Other () .									
26	Other () -									
27	Other () .									
28	Other () .				<u> </u>					
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A				29			-		
							Yes	No		
					,		169	140		
30a	30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?							×		
h	If 'Yes,' describe the arrangement in Part II.				-	30 a				
31	Does the organization have a gift acceptance policy	that requires	the review of any non-s	tandard contributions?		31		Х		
32a	Does the organization hire or use third parties or rela noncash contributions?					32 a		х		
b	If 'Yes,' describe in Part II.									
33	If the organization did not report an amount in colum describe in Part II.	n (c) for a typ	e of property for which o	column (a) is checked,						
					1		, 1			

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

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2014

Department of the Treasury

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service	at www.iis.gov/ioiiiisso.		•
Name of the organization		Employer identifica	ation number
Open Fields, Inc.		03-022618	8
	Director Nellie Pennington and her husband, Nate	Hine, sit	on the Board
Pt VI, Line 2	of Directors Committee meetings did not have minutes. Relevan	ıt informat	cion from such
Pt VI, Line 8b	meetings was communicated to the entire Board. Copies of the return are distributed to the Board	l, but not	in advance of
Pt VI, Line 11b	filing.		