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## Sghedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**2012** 

Name of the organization		Employer identification number		
Open Meadows Foundation		13-3312204		
Organization type (check one)	).	13-3312204		
Filers of:	Section:			
Form 990 or 990-EZ	orm 990 or 990-EZ			
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		ation		
527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation			
4947(a)(1) nonexempt charitable trust treated as a private foundation  501(c)(3) taxable private foundation		I		
•	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See		
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II				
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year				
990-EZ, or 990-PF), but it must	answer "No" on Part IV, line 2 of its Form 990, or check the box on line Hoto certify that it does not meet the filing requirements of Schedule B (Form	of its Form 990-EZ or on		

Name of organization	Employer identification number
Open Meadows Foundation	13-3312204

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	Patsy Rogers PO Box 616 New Suffolk NY 11956 Foreign State or Province Foreign Country	\$5,236	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	Patsy Rogers Trust Fund PO Box 616 New Suffolk Poreign State or Province Foreign Country	\$1,831	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	Lucille Goodman Po Box 639 New Suffolk Poreign State or Province Foreign Country	\$ 4,752	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Eleanor Douglas  152 Fox Hill Road  Denville NJ 07834  Foreign State or Province  Foreign Country	\$ 250	Person X Payroll	
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution	
5	Susan Lewin  152 Fox Hill Road  Denville  NJ  07834  Foreign State or Province  Foreign Country	\$250	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	Nancy Dean 620 King Avenue Bronx NY 10464 Foreign State or Province Foreign Country	\$ 1,900	Person X Payroll	

Name of organization

Employer identification number

Open Mea	dows Foundation		13-3312204	
Part I	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is r	needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	Beatrice E Eastman 620 King Avenue Bronx NY 10464 Foreign State or Province Foreign Country	\$ 11,389	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province. Foreign Country	\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Occupation (Complete Part II if there is a noncash contribution )	

Name of organization
Open Meadows Foundation

Employer identification number 13-3312204

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
7	106 shares Chevron	\$ 10,408	11/1/2011		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
. 7	164 shares Pepsico	\$10,147	11/1/2011		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

Name of or	ganization		<del></del>		Employer identification number
	dows Foundation				13-3312204
Part III	Exclusively religious, charitable, etc., indiv				
	total more than \$1,000 for the year. Comple	te columns	(a) through (e) and t	he followin	g line entry
	For organizations completing Part III, enter the	e total of ex	<i>clusively</i> religious, ch	naritable, e	tc,
	contributions of \$1,000 or less for the year (E			instruction	s) <b>&gt;</b> \$
(a) Na	Use duplicate copies of Part III if additional sp	ace is need	ed	-1	
(a) No. from	(b) Purpose of gift	(c	) Use of gift	10	I) Description of how gift is held
Part I	(5) 1 2 4 5 5 5 5 5		, osc or girt		
			<del></del>		
		(e) T	ransfer of gift		
	Transferee's name, address, and ZIP	+4	Relation	onship of	transferor to transferee
	For Draw Country				
(a) No.	For Prov Country	<del></del>		<del>-                                      </del>	<del></del>
from	(b) Purpose of gift	(c	Use of gift	(d	l) Description of how gift is held
Part I					
		(e) T	ransfer of gift	<del></del>	
		` '			
	Transferee's name, address, and ZIP	+ 4	Relation	onship of t	transferor to transferee
			·		
(a) Na	For Prov Country		<del></del>		
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(d	) Description of how gift is held
Part I	(2) 3.7				, , , , , , , , , , , , , , , , , , ,
				}	
		·			
<b>{</b>	/a) Transfer of aifs				
	(e) Transfer of gift				
	Transferee's name, address, and ZIP	+ 4	Relatio	nshin of t	ransferor to transferee
<b> </b>	Transfer of Traine, dual coo, and En			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				••••	
	For Prov Country				
(a) No.	(I) D		11		Description of how wift in hold
from Part I	(b) Purpose of gift	(C)	Use of gift	(a	) Description of how gift is held
		· <b></b>			
ļ					
		(e) T	ransfer of gift		
į	Transferee's name, address, and ZIP	+ 4	Relation	nship of t	ransferor to transferee

OPEN MEADOWS FOUNDATION PO BOX 1363 BRONX NY 10475



## **DECLARATION**

009697

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

<u>Signature of Officer or Trustee</u>

12 May 20 13

Date

Transcent Title