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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2014**  
Open to Public Inspection

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](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **OPEN SCHOOL INC.**  
**FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**7633 N WABASH AVENUE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**PORTLAND, OR 97217**

**D** Employer identification number: **93-0757378**

**E** Telephone number: **(503) 978-1935**

**G** Gross receipts \$: **8,289,875.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

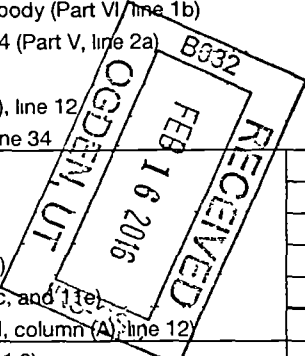
**J** Website: ▶ **WWW.OPENMEADOW.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **1971** **M** State of legal domicile: **OR**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. <b>THE MISSION OF OPEN SCHOOL IS TO DEVELOP CONNECTION, CAPABILITY, AND CONFIDENCE IN DISCONNECTED YOUTH</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	135
	6	Total number of volunteers (estimate if necessary)	6	175
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990 T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,077,165.	Current Year 6,275,421.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,537.	1,408,678.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,948.	168,959.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,191,650.	7,853,058.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,901.	16,955.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,449,632.	3,352,111.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>353,262.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	874,845.	869,598.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,339,378.	4,238,664.
	19	Revenue less expenses Subtract line 18 from line 12	<147,728.>	3,614,394.
Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,796,460.	End of Year 7,494,999.
	21	Total liabilities (Part X, line 26)	263,353.	347,498.
	22	Net assets or fund balances Subtract line 21 from line 20	3,533,107.	7,147,501.



**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: *[Signature]* Date: **2/8/2016**  
 ANDREW MASON, EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **ROY ABRAMOWITZ** Preparer's signature: *[Signature]* Date: **2/3/16** Check if self-employed  PTIN: **P01329049**  
 Firm's name: **PERKINS & COMPANY, P.C.** Firm's EIN: **93-0928924**  
 Firm's address: **1211 SW FIFTH AVE, SUITE 1000** Phone no. **503-221-0336**  
**PORTLAND, OR 97204-3710**

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

*557*

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

THE MISSION OF OPEN SCHOOL IS TO DEVELOP CONNECTION, CAPABILITY, AND CONFIDENCE IN DISCONNECTED YOUTH THROUGH RELATIONSHIP-BASED, QUALITY LEARNING EXPERIENCES THAT RESULT IN ACADEMIC, PERSONAL, AND COMMUNITY SUCCESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 1,557,939. including grants of \$ 1,985.) (Revenue \$ )

ALTERNATIVE EDUCATION MIDDLE AND HIGH SCHOOL PROGRAMS: OPEN SCHOOL PROVIDES ACCREDITED MIDDLE SCHOOL AND HIGH SCHOOL EDUCATION AND COUNSELING PROVIDING SUPPORT, CONNECTION, AND ADVOCACY FOR STUDENTS EXPERIENCING DIFFICULTY IN THE PUBLIC SCHOOL EDUCATION SYSTEM. WE PROVIDE ACADEMIC AND SOCIAL PREPARATION LEADING TO A SUCCESSFUL SCHOOL EXPERIENCE, COMPLETION OF MIDDLE SCHOOL, AND ATTAINMENT OF A HIGH SCHOOL DIPLOMA. STUDENTS ARE PROVIDED TRANSITION TRAINING AND SUPPORT FOR POST-SECONDARY PREPARATION LEADING TO COLLEGE, INTERNSHIPS, AND ACCOMPLISHMENT IN THEIR CAREER FOCUS AREAS. THE HEART OF OPEN SCHOOL SCHOOL-BASED PROGRAMS LIES IN DEVELOPING A POSITIVE SELF-CONCEPT, AND RESPECTFUL RELATIONSHIPS WITH OTHERS. BY EMPHASIZING PERSONAL RESPONSIBILITY, ACCOUNTABILITY, SERVICE TO THE COMMUNITY, AND

4b (Code ) (Expenses \$ 1,434,137. including grants of \$ 1,847.) (Revenue \$ )

STEP UP PROGRAM: FORTY PERCENT OF THE STUDENTS DROPPING OUT OF HIGH SCHOOL LEAVE DURING THEIR FRESHMAN YEAR. STEP UP TARGETS STUDENTS FALLING FARTHEST BEHIND IN MIDDLE SCHOOL AND PROVIDES COMPREHENSIVE, CULTURALLY SPECIFIC SERVICES INTO THEIR SOPHOMORE YEAR AT ROOSEVELT, MADISON, AND FRANKLIN HIGH SCHOOLS IN THE PORTLAND SCHOOL DISTRICT. THE PROGRAM INCLUDES: PRE-FRESHMAN YEAR LEADERSHIP CAMP - IN A ONE-WEEK SUMMER LEADERSHIP ACADEMY, STEP UP ADVOCATES CHALLENGE YOUTH TO IDENTIFY THEIR ASPIRATIONS AND COMMIT TO WORKING TOGETHER TOWARDS THOSE GOALS. LEADERSHIP AND TEAM-BUILDING ACTIVITIES REINFORCE STUDENTS' UNDERSTANDING OF THEIR CAPACITY TO ACHIEVE THEIR DREAMS THROUGH EDUCATION AND HARD WORK, ALL WITH THE SUPPORT OF AN ADVOCATE. SERVICE

4c (Code ) (Expenses \$ 255,302. including grants of \$ 11,609.) (Revenue \$ )

CAREER SERVICES: THE CAREER SERVICES PROGRAM ENSURES THAT ALL OPEN SCHOOL YOUTH REACH THEIR LONG-TERM CAREER GOALS BY PROVIDING ACCESS TO ADVANCED EMPLOYMENT AND EDUCATIONAL OPPORTUNITIES, FOCUSED TRAINING, AND COMPREHENSIVE SUPPORT. THE PROGRAM IS DESIGNED TO PROVIDE INCREMENTAL AND CONTINUOUS SUPPORT FOR YOUTH FROM THE TIME THEY FIRST DEFINE THEIR CAREER GOALS, THROUGH THEIR FIRST EMPLOYMENT EXPERIENCE, AND ON INTO COLLEGE AND CAREER-TRACK EMPLOYMENT. CAREER SERVICES OFFERS CAREER DEVELOPMENT PROGRAMMING FOR PORTLAND RESIDENTS (AGES 16-24) WHO ARE INTERESTED IN EXPLORING PROFESSIONAL CAREERS AND/OR COLLEGE. THE PROGRAM INCLUDES:

CAREER ADVISING AND PEER SUPPORT: BUILDING INDIVIDUALIZED AND PEER

4d Other program services (Describe in Schedule O)

(Expenses \$ 184,039. including grants of \$ 1,515.) (Revenue \$ )

4e Total program service expenses 3,431,417.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

**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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 18		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 135		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country. <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?	X	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <b>N/A</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? <b>N/A</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>N/A</b>	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>N/A</b>	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>N/A</b>	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	16		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
	16		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official.	X	
<b>15b</b>	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records. **ANDREW MASON - (503)978-1935**  
**7633 N WABASH AVENUE, PORTLAND, OR 97217**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY CARLSEN KOHNSTAMM PRESIDENT	4.00	X		X				0.	0.	0.
(2) STEPHEN GOMEZ VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) JOHN W. HAINES TREASURER	2.00	X		X				0.	0.	0.
(4) TRIPP SOMERVILLE SECRETARY	2.00	X		X				0.	0.	0.
(5) TRACI REANDEAU IMMEDIATE PAST PRESIDENT	2.00	X		X				0.	0.	0.
(6) COBI JACKSON BOARD MEMBER	1.00	X						0.	0.	0.
(7) HOLLEY FRANKLIN BOARD MEMBER	1.00	X						0.	0.	0.
(8) MARTHA KOERNER BOARD MEMBER	2.00	X						0.	0.	0.
(9) HEIDI O'NEILL BOARD MEMBER	1.00	X						0.	0.	0.
(10) KENNETH R. JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(11) NAOMI LEVELLE-HASLITT BOARD MEMBER	1.00	X						0.	0.	0.
(12) JOSHUA P. MONDA BOARD MEMBER	2.00	X						0.	0.	0.
(13) SUZANNE J. NOLAND BOARD MEMBER	1.00	X						0.	0.	0.
(14) JOHN L. WATZKE BOARD MEMBER	1.00	X						0.	0.	0.
(15) LYN CAMERON BOARD MEMBER	1.00	X						0.	0.	0.
(16) JOHN R. THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
(17) KAREN WHITMAN BOARD MEMBER	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIA WRIGHT BOARD MEMBER	1.00	X						0.	0.	0.
(19) ANDREW MASON EXECUTIVE DIRECTOR	50.00			X				111,436.	0.	19,258.
(20) KARL SOUZA FINANCE DIRECTOR	50.00			X				81,007.	0.	16,789.
<b>1b Sub-total</b>								192,443.	0.	36,047.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								192,443.	0.	36,047.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HOLST ARCHITECTURE 110 SE 8TH AVE, PORTLAND, OR 97214	ARCHITECTURAL DESIGN	258,953.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	112,025.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,592,868.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,570,528.			
	g Noncash contributions included in lines 1a-1f \$		134,013.			
	<b>h Total.</b> Add lines 1a-1f		6,275,421.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,458.		4,458.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less. rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	45,000.	1,726,647.		
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.	367,427.		
		c Gain or (loss)	45,000.	1,359,220.		
	d Net gain or (loss)		1,404,220.	1,404,220.		
	8 a Gross income from fundraising events (not including \$ 112,025. of contributions reported on line 1c) See Part IV, line 18	a	142,031.			
		b Less direct expenses	b	69,390.		
c Net income or (loss) from fundraising events			72,641.		72,641.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS REVENUE	900099	49,418.	49,418.			
b CONSULTING REVENUE	900099	46,900.	46,900.			
c _____						
d All other revenue						
<b>e Total.</b> Add lines 11a-11d		96,318.				
<b>12 Total revenue.</b> See instructions.		7,853,058.	1,500,538.	0.	77,099.	

OPEN SCHOOL INC.

FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	16,955.	16,955.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	181,524.	19,930.	120,809.	40,785.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,563,981.	2,210,858.	168,857.	184,266.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,920.	52,116.	19,490.	9,314.
9 Other employee benefits	263,010.	200,458.	30,451.	32,101.
10 Payroll taxes	262,676.	218,047.	25,642.	18,987.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,042.		19,042.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	113,143.	96,021.	10,249.	6,873.
12 Advertising and promotion				
13 Office expenses	152,241.	119,918.	5,677.	26,646.
14 Information technology	11,047.		8,452.	2,595.
15 Royalties				
16 Occupancy	100,916.	93,151.	4,202.	3,563.
17 Travel	37,274.	34,071.	1,271.	1,932.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,237.	82,116.	3,148.	2,973.
23 Insurance	46,773.	18,653.	24,011.	4,109.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM ACTIVITIES</b>	230,023.	211,608.	11,625.	6,790.
b <b>CURRICULUM AND EDUCATIO</b>	31,356.	31,356.		
c <b>STAFF TRAINING</b>	25,567.	24,929.	473.	165.
d <b>COMMUNITY RELATIONS</b>	11,921.	611.	152.	11,158.
e All other expenses	2,058.	619.	434.	1,005.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	4,238,664.	3,431,417.	453,985.	353,262.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

OPEN SCHOOL INC.

FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,090.	1	1,090.
	2	Savings and temporary cash investments	1,636,208.	2	3,845,528.
	3	Pledges and grants receivable, net	156,293.	3	1,254,342.
	4	Accounts receivable, net	378,673.	4	713,149.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	47,069.	9	55,215.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,710,730.		
	b	Less: accumulated depreciation	10b 1,097,585.	10c	1,613,145.
	11	Investments - publicly traded securities		11	12,530.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,796,460.	16	7,494,999.	
Liabilities	17	Accounts payable and accrued expenses	227,790.	17	317,498.
	18	Grants payable		18	
	19	Deferred revenue	35,563.	19	30,000.
	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, highest 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		24	
	25	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		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	263,353.	26	347,498.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,258,997.	27	5,550,453.
	28	Temporarily restricted net assets	274,110.	28	1,597,048.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	3,533,107.	33	7,147,501.	
34	<b>Total liabilities and net assets/fund balances</b>	3,796,460.	34	7,494,999.	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,853,058.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,238,664.
3	Revenue less expenses Subtract line 2 from line 1	3	3,614,394.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,533,107.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,147,501.

**Part XII Financial Statements and Reporting**

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

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

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OPEN SCHOOL INC.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning 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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15		%
16a <b>33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b <b>33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;"><input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c 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.		
4a 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		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
5a 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
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)		
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)		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
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.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below		
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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	<b>1</b>	

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	<b>3</b>	

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<b>3b</b>	

OPEN SCHOOL INC.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

OPEN SCHOOL INC.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported 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.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section 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:			
a			
b			
c			
d			
e From 2013			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j 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			
b Applied to 2014 distributable amount			
c 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 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Name of the organization

OPEN SCHOOL INC.

FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC

Employer identification number

93-0757378

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number 93-0757378
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**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	DUNCAN CAMPBELL 0841 SW GAINES ST., UNIT 2304 PORTLAND, OR 97239	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	STEPHEN GOMEZ & SHANNON HOLT 429 NORTH SHAVER ST, PORTLAND, OR 97227	\$ 10,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
3	JUBITZ FAMILY FOUNDATION 221 NW 2ND AVENUE, STE. 204, PORTLAND, OR 97209	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	L & H FOUNDATION 32606 PINE RIDGE DRIVE, WARREN, MI 48093	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	NW NATURAL 220 NW 2ND AVENUE, PORTLAND, OR 97209	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	OCF - HAMPTON FAMILY FOUNDATION C/O HAMPTON AFFILIATES, 9600 SW BARNES ROAD, SUITE 200 PORTLAND, OR 97225-6666	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number 93-0757378
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**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
7	VIBRANT VILLAGE FOUNDATION 1737 NE ALBERTA STREET, SUITE 207, PORTLAND, OR 97211	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	DAVID CLARKSON PO BOX 254, MOSIER, OR 97040-0254	\$ 5,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
9	THE AUTZEN FOUNDATION PO BOX 3709, PORTLAND, OR 97208	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
10	JOSHUA MONDA 12014 NE 40TH CIRCLE, VANCOUVER, WA 98682	\$ 6,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
11	HOLLYWOOD THEATRE 1827 NE 44TH AVE, SUITE 130 PORTLAND, OR 97213	\$ 6,585.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
12	DIANE KIRKMAN 1814 101ST PLACE NE, BELLEVUE, WA 98004-2732	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>OPEN SCHOOL INC.</b> <b>FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC</b>	Employer identification number <b>93-0757378</b>
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**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
13	<u>U.S. BANCORP FOUNDATION</u> <u>U.S. BANK PD-OR-T4BD, 111 SW FIFTH</u> <u>AVE., STE. 400</u>  <u>PORTLAND, OR 97204</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
14	<u>TRAIL BLAZERS, INC.</u>  <u>ONE CENTER COURT, SUITE 200</u>  <u>PORTLAND, OR 97227</u>	\$ <u>7,588.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
15	<u>HANIF &amp; KATIE FAZAL</u>  <u>9234 N BRISTOL,</u>  <u>PORTLAND, OR 97203</u>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
16	<u>MARTHA KOERNER</u>  <u>2506 NE 17TH AVENUE,</u>  <u>PORTLAND, OR 97212</u>	\$ <u>8,459.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
17	<u>B.P., LESTER AND REGINA JOHN</u> <u>FOUNDATION</u>  <u>1000 SW VISTA AVE., STE. 116</u>  <u>PORTLAND, OR 97205-1131</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
18	<u>GREG GOODMAN</u>  <u>345 NW HILLTOP ROAD,</u>  <u>PORTLAND, OR 97210</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number 93-0757378
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**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
19	HERBERT A. TEMPLETON FOUNDATION 0650 SW GAINES STREET #1102, PORTLAND, OR 97239	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
20	L'CHAIM DONOR ADVISED FUND OF MRG FOUNDATION 1235 SE MORRISON ST., SUITE A PORTLAND, OR 97214	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
21	PCC STRUCTURALS, INC. (PRECISION CASTPARTS) 4600 SE HARNEY DRIVE, PORTLAND, OR 97206	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
22	THE OUTDOOR FOUNDATION (KEEN) 4909 PEARL EAST CIRCLE, SUITE 300 BOULDER, CO 80301	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
23	THE BRAEMAR FAMILY TRUST TRUST MANAGEMENT SERVICES, PO BOX 1990 WALDPORT, OR 97394	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	PGE FOUNDATION 121 SW SALMON ST 1WTC0303, PORTLAND, OR 97204	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number 93-0757378
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**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
25	THE UPS FOUNDATION 55 GLENLAKE PKWY NE ATLANTA, GA 30238	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
26	ANNE LIPSITZ & BILL MALLOCH PORTLAND, OR 97212	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
27	THE UNIVERSITY OF PORTLAND 5000 N WILLAMETTE BLVD, PORTLAND, OR 97203	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
28	THE COMCAST FOUNDATION ONE COMCAST CENTER, 49TH FLOOR, PHILADELPHIA, PA 19103	\$ 14,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
29	ALL HANDS RAISED 2069 NE HOYT STREET, PORTLAND, OR 97232-2996	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	HENRY LEA HILLMAN, JR. FOUNDATION 330 GRANT STREET, SUITE 2000, PITTSBURGH, PA 15219	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number 93-0757378
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**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
31	TRIPP SOMERVILLE 6213 NE MALLORY AVE, PORTLAND, OR 97211	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
32	BANK OF AMERICA CHARITABLE FOUNDATION 100 NORTH TRYON STREET, NC1-001-03-09 CHARLOTTE, NC 28255-001	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
33	AMY & KEVIN KOHNSTAMM 3002 NW LURAY CIRCUS, PORTLAND, OR 97210	\$ 24,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
34	DEMOREST FAMILY FOUNDATION 1518 SW UPPER HALL STREET, PORTLAND, OR 97201	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
35	FIDELITY CHARITABLE GIFT FUND PO BOX 770001, CINCINNATI, OH 45277-0053	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
36	MAYBELLE CLARK MACDONALD FUND POST OFFICE BOX 1496, BEND, OR 97709	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number 93-0757378
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**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
37	OCF - SCHAMP FAMILY FUND 1221 SW YAMHILL #100, PORTLAND, OR 97205	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
38	D WRIGHT WAY FOUNDATION 1630 NORTH MAIN STREET #227, WALUNUT CREEK, CA 94596	\$ 26,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
39	JFR FOUNDATION 1211 SW FIFTH AVENUE, SUITE 2840, PORTLAND, OR 97204-3736	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
40	LYNN WEYAND P.O. BOX 219, UNDERWOOD, WA 98651-0219	\$ 50,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
41	UNITED WAY OF THE COLUMBIA-WILLAMETTE 619 SW 11TH AVENUE SUITE 300, PORTLAND, OR 97205	\$ 56,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
42	THE STANDARD 1100 SW SIXTH AVE, PORTLAND, OR 97204	\$ 55,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number 93-0757378
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**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
43	WILLIAM & KATHRYN SMITH 155 N LOTUS BEACH DRIVE, PORTLAND, OR 97217	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
44	NANCY AND AL JUBITZ 5505 SW HEWETT BLVD., PORTLAND, OR 97221	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
45	OCF - JOSEPH E. WESTON PUBLIC FOUNDATION TIFFANY CENTER SUITE 300, 1410 SW MORRISON STREET PORTLAND, OR 97205	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL #100, PORTLAND, OR 97205	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
47	THE GILBERT FAMILY FOUNDATION 609 SOUTH WARSON ROAD, SAINT LOUIS, MO 63124	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
48	OCF - FRED W. FIELDS FUND 1221 SW YAMHILL STREET, SUITE 100, PORTLAND, OR 97205	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number 93-0757378
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**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
49	JAMES F. AND MARION L. MILLER FOUNDATION  520 SW YAMHILL STREET, SUITE 520,  PORTLAND, OR 97204	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
50	KAISER PERMANENTE COMMUNITY FUND  221 NW SECOND AVE., SUITE 300  PORTLAND, OR 97209	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
51	ANN & BILL SWINDELLS CHARITABLE TRUST  1221 SW YAMHILL STREET, SUITE 100,  PORTLAND, OR 97205	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
52	MEYER MEMORIAL TRUST  425 NW 10TH AVENUE SUITE 400,  PORTLAND, OR 97209-3128	\$ 300,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
53	THE COLLINS FOUNDATION  1618 SW FIRST AVENUE SUITE 505,  PORTLAND, OR 97201	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
54	OREGON DEPARTMENT OF EDUCATION NATIONAL SCHOOL LUNCH PROGRAM  255 CAPITOL STREET NE  SALEM, OR 97310-0203	\$ 34,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>OPEN SCHOOL INC.</b> <b>FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC</b>	Employer identification number <b>93-0757378</b>
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**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
55	PORTLAND CHILDREN'S LEVY 319 SW WASHINGTON, SUITE 415 PORTLAND, OR 97204	\$ 325,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
56	WORKSYSTEMS INC 111 SW FIFTH, SUITE 1150 PORTLAND, OR 97204	\$ 233,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	OREGON VOLUNTEERS PO BOX 751-CSC PORTLAND, OR 97207	\$ 143,401.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	OREGON DEPARTMENT OF EDUCATION- YOUTH DEVELOPMENT DIVISION 255 CAPITOL STREET NE SALEM, OR 97310-0203	\$ 279,359.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number 93-0757378
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**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
2	STOCK	\$ 5,732.	11/17/14
8	STOCK	\$ 4,926.	05/26/15
11	EQUIPMENT, SUPPLIES, PROGRAMMING STAFF	\$ 6,585.	08/01/14
16	STOCK	\$ 5,959.	11/30/14
26	STOCK	\$ 4,617.	04/13/15
33	GIFT CARDS+ STOCK	\$ 2,687.	11/20/14

Name of organization <b>OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC</b>	Employer identification number <b>93-0757378</b>
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**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
38	<u>MEALS</u> _____ _____	\$ <u>21,257.</u>	<u>11/20/14</u>
40	<u>STOCK</u> _____ _____	\$ <u>50,000.</u>	<u>05/12/15</u>
41	<u>EVENT TICKETS</u> _____ _____	\$ <u>492.</u>	<u>08/21/14</u>
43	<u>STOCK</u> _____ _____	\$ <u>12,236.</u>	<u>06/16/15</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>OPEN SCHOOL INC.</b> <b>FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC</b>	Employer identification number <b>93-0757378</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**


(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**


(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**


(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**


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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **OPEN SCHOOL INC.**  
**FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC** Employer identification number **93-0757378**

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

(i) Revenue included 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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.
 

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

OPEN SCHOOL INC.

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		219,100.		219,100.
b Buildings		2,133,226.	798,627.	1,334,599.
c Leasehold improvements				
d Equipment		219,015.	174,393.	44,622.
e Other		139,389.	124,565.	14,824.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				<b>1,613,145.</b>

OPEN SCHOOL INC.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	7,860,033.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	6,975.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	6,975.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	7,853,058.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<b>5</b>	7,853,058.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	4,245,639.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	6,975.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	6,975.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	4,238,664.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<b>5</b>	4,238,664.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

PART X, LINE 2, FIN 48(ASC 740) FOOTNOTE:

THE ORGANIZATION HAS BEEN GRANTED NOT-FOR-PROFIT STATUS IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THEREFORE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS.

TO THE EXTENT THAT THE ORGANIZATION WAS ASSESSED INTEREST OR PENALTIES ASSOCIATED WITH INCOME TAX POSITIONS, SUCH EXPENSE WOULD BE RECOGNIZED AS INTEREST EXPENSE. AS OF JUNE 30, 2015 AND 2014, THE ORGANIZATION HAD NO UNRECOGNIZED TAX BENEFITS.

**Part XIII** Supplemental Information *(continued)*

Lined area for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Schools**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2014**

Open to Public  
Inspection

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **OPEN SCHOOL INC.**  
**FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC**

Employer identification number  
**93-0757378**

**Part I**

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.

**THE ORGANIZATION'S NONDISCRIMINATION POLICY IS PUBLISHED DURING THE SUMMER IN THE COMMUNITY NEWSPAPER AND IN INFORMATIONAL PAMPHLETS AT COMMUNITY OPEN HOUSE EVENTS.**

- 4 Does the organization maintain the following?
  - a Records indicating the racial composition of the student body, faculty, and administrative staff?
  - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
  - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
  - d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5 Does the organization discriminate by race in any way with respect to:
  - a Students' rights or privileges?
  - b Admissions policies?
  - c Employment of faculty or administrative staff?
  - d Scholarships or other financial assistance?
  - e Educational policies?
  - f Use of facilities?
  - g Athletic programs?
  - h Other extracurricular activities?
 If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- 6b Has the organization's right to such aid ever been revoked or suspended? 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.

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) (2014)

OPEN SCHOOL INC.

**Part II** Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVES FEDERAL GRANTS FROM THE US DEPARTMENT OF  
EDUCATION, US DEPARTMENT OF LABOR, US DEPARTMENT OF AGRICULTURE, MULTIPLE  
FEDERAL, AND OTHER STATE AGENCIES.



OPEN SCHOOL INC.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPRING FUNDRAISER (event type)	(event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	254,056.		254,056.
	2	Less: Contributions	112,025.		112,025.
	3	Gross income (line 1 minus line 2)	142,031.		142,031.
Direct Expenses	4	Cash prizes	0.		
	5	Noncash prizes	9,970.		9,970.
	6	Rent/facility costs	5,535.		5,535.
	7	Food and beverages	28,642.		28,642.
	8	Entertainment	13,110.		13,110.
	9	Other direct expenses	12,133.		12,133.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				72,641.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

OPEN SCHOOL INC.

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13 Indicate the percentage of gaming activity conducted in
  - a The organization's facility 

13a	%
13b	%
  - b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
OTHER	57	0.	1,709.	ACTUAL COST	DMV FEES, TESTING FEES, REGISTRATIONS, ETC.
TRANSPORTATION/BUS PASSES	40	0.	4,335.	ACTUAL COST	PUBLIC TRANSPORTATION: BUS PASSES & TICKETS
CHILDCARE ASSISTANCE	1	0.	31.	ACTUAL COST	CHILD CARE SERVICES
CLOTHING	88	0.	1,311.	ACTUAL COST	CLOTHING FOR INTERVIEWS, INTERNSHIPS, ETC.
TUITION/BOOKS	16	0.	7,938.	ACTUAL COST	TUITION FEES, BOOKS

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

**PART I, LINE 2:**

GRANTS OF ASSISTANCE FOR TUITION, BOOKS, BUS PASSES, RENT/UTILITY ASSISTANCE ARE AWARDED IN A COORDINATED EFFORT SUPERVISED BY PROGRAM STAFF. EACH PARTICIPANT HAVE A CASE FILE, AND PLANS AROUND WHICH GRANTS OF ASSISTANCE ARE MADE, OR THERE MAY BE A SPECIFIC REQUEST MADE BY A PROGRAM COORDINATOR FOR A PARTICIPANT TO PROGRAM DIRECTORS. GRANTS ARE DETERMINED BY PROGRAM STAFF, REVIEWED AND APPROVED BY A PROGRAM DIRECTOR, LOGGED IN CLIENT SERVICE CASE NOTES (FOR CAREER SERVICES PROGRAM). EXPENSES ARE PAID TO A THIRD PARTY WITH PROOF OF A RECEIPT OR INVOICE, UNLESS THE PAYMENT IS

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RENT/UTILITY	3	0	531	ACTUAL COST	RENT OR UTILITY ASSISTANCE
STIPENDS	3	1,100	0	ACTUAL COST	STIPENDS FOR EXPENSES



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2014**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **OPEN SCHOOL INC.  
FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC** Employer identification number **93-0757378**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		528.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	86,417.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( FOOD )	X	7	26,347.	FMV
26 Other ( CERTIFICATES )	X	14	10,752.	FMV
27 Other ( FUNDRAISING E )	X	49	9,970.	FMV
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2014)



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization	OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number	93-0757378
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**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

DECISION-MAKING SKILLS, STUDENTS EXPERIENCE PERSONAL AND ACADEMIC  
SUCCESS, DEVELOP A SENSE OF PURPOSE AND A CONNECTION TO EDUCATION. FROM  
THE START, WE ENGAGE IN PARTNERSHIP WITH PARENTS AND FAMILIES TO  
SUPPORT OUR STUDENTS.

THESE PROGRAMS SERVED 155 STUDENTS IN 2014-15.

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

ACCOMPLISHMENTS INCLUDE: DAILY INDIVIDUALIZED TUTORING AND HOMEWORK  
ASSISTANCE FORMS THE CORE OF AFTERSCHOOL ACTIVITIES - A CAREFULLY  
DESIGNED SYSTEM OF INFORMATION SHARING AND ACCOUNTABILITY ENABLES  
ADVOCATES TO TRACK STUDENT ASSIGNMENTS AND COURSE PERFORMANCE -  
CLASSROOM TEACHERS AND STEP UP ADVOCATES BECOME CLOSE ALLIES IN  
SUPPORTING STUDENT SUCCESS -  
ADVOCATES LEAD YOUTH IN DEVELOPING LEADERSHIP AND STUDENT SUCCESS  
SKILLS THROUGH GROUP ACTIVITIES AND INDIVIDUAL COUNSELING WHICH FOCUS  
ON PERSONAL RESPONSIBILITY, CONFLICT RESOLUTION, HEALTHY RELATIONSHIPS,  
ORGANIZATION AND STUDY SKILLS.

ADVOCATES HAVE SIGNIFICANT PHONE AND E-MAIL CONTACT WITH THEIR STUDENTS  
OUTSIDE OF THE AFTER-SCHOOL SESSIONS, TO PROVIDE EMOTIONAL SUPPORT FOR  
CHALLENGES THAT INTERFERE WITH SCHOOL SUCCESS.

PARENT INVOLVEMENT ACTIVITIES - ADVOCATES ENGAGE CLOSELY WITH PARENTS  
TO SHARE STUDENT SUCCESSES, STRATEGIZE AROUND CHALLENGES, AND PROVIDE  
ASSISTANCE IN SUPPORTING THEIR CHILD'S SUCCESS IN SCHOOL.

Name of the organization	OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number	93-0757378
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POST-FRESHMAN YEAR SUMMER SCHOOL - FOLLOWING THE ACADEMIC SCHOOL YEAR A  
1 OR 2-WEEK INTENSIVE SUMMER SCHOOL ENGAGEMENT IN CONSULTATION WITH  
CLASSROOM TEACHERS IS OFFERED TO HELP STUDENTS RECOVER ANY UNEARNED  
CORE CLASS CREDIT FROM THE PREVIOUS SCHOOL YEAR.

THIS PROGRAM SERVED OVER 334 STUDENTS IN 2014-15.

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

RELATIONSHIPS. OUR PROGRAMS RUN ON A COHORT MODEL WITH GROUP SIZES OF  
NO MORE THAN 12 STUDENTS. EACH ENROLLEE HAS A CAREER ADVISOR DEDICATED  
TO HIS OR HER LONG-TERM PROFESSIONAL AND PERSONAL SUCCESS.

POST-SECONDARY EXPOSURE, READINESS, AND SUPPORT: FOR YOUTH WHO WANT TO  
ATTEND TRADE SCHOOL, COMMUNITY COLLEGE OR A 4-YEAR COLLEGE, INCLUDING  
ASSISTANCE WITH POST-SECONDARY ENROLLMENT AND FINANCIAL AID SYSTEMS.

ONGOING SUCCESS WORKSHOPS: OUR PROGRAMS ARE AIMED AT HELPING YOUTH  
ACCOMPLISH THEIR PROFESSIONAL GOALS, WHILE MEETING THEM WHERE THEY ARE  
NOW. WE OFFER A VARIETY OF SHORT AND LONG TERM WORKSHOPS THROUGHOUT THE  
YEAR SOME AT OPEN SCHOOL AND SOME OFF-SITE. TOPICS INCLUDE - CAREER  
EXPLORATION: SELF-ASSESSMENT, CAREER EXPLORATION AND GOAL SETTING. WE  
PROVIDE TOOLS AND SUPPORT TO IDENTIFY AND STAY ON A CAREER PATH LEADING  
TO A WORK ASSIGNMENT FOR THOSE WHO WISH TO START WORKING IMMEDIATELY -  
JOB SEEKING STRATEGIES AND TOOLS: INCLUDING RESUME AND COVER LETTER  
WRITING, INTERVIEWING - POST-SECONDARY EXPLORATION AND SUPPORT - LIFE  
SKILLS TRAINING: INCLUDING MANAGING FINANCES, AND PROFESSIONAL  
COMMUNICATION - CAREER RELATED LEARNING EXPERIENCES: PAID AND UNPAID  
WORK EXPERIENCES, INFORMATIONAL INTERVIEWS, BUSINESS TOURS, AND JOB

Name of the organization OPEN SCHOOL INC.

Employer identification number

FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC

93-0757378

SHADOWS. LONG-TERM SUPPORT. SUPPORT FOR UP TO THREE YEARS AS YOUTH  
ACHIEVE AND SUSTAIN POST-SECONDARY SUCCESS.

THIS PROGRAM SERVED 103 PARTICIPANTS IN 2014-15.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

POST-SECONDARY READINESS CORPS - AN AMERICORPS PARTNERSHIP WITH OREGON  
VOLUNTEERS BEGINNING IN 2013 WHICH SEEKS TO IMPROVE THE PERSISTENCE AND  
COMPLETION OF POST-SECONDARY EDUCATION BY STUDENTS FROM DIVERSE RACIAL,  
ETHNIC AND SOCIO-ECONOMIC COMMUNITIES. OUR TEAM OF 14 AMERICORPS  
MEMBERS PROVIDES DIRECT SERVICE TO UNDER-SERVED YOUTH TO IMPROVE  
ACADEMIC ACHIEVEMENT THROUGH TUTORING, MENTORING, EXTENDED SCHOOL DAY  
ACTIVITIES, PARENT INVOLVEMENT PROGRAMS, EVENT COORDINATION, AND  
VOLUNTEER GENERATION. THE PROGRAM IS BOTH A SERVICE OPPORTUNITY FOR  
AMERICORPS MEMBERS, AND PROVIDES A CRITICAL SERVICE TO THE COMMUNITIES  
THEY SERVE IN.

THIS PROGRAM SERVED 592 PARTICIPANTS IN 2014-15.

EXPENSES \$ 184,039. INCLUDING GRANTS OF \$ 1,515. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE BOARD HAS BEEN DELEGATED THE AUTHORITY TO  
APPROVE RESOLUTIONS ON BEHALF OF THE ENTIRE BOARD OF DIRECTORS, AS NEEDED  
BETWEEN QUARTERLY BOARD MEETINGS FOR ANY AND ALL MATTERS PERTAINING TO  
ORGANIZATIONAL GOVERNANCE AND FINANCE. ALL MEETING MINUTES ARE FORMALLY  
APPROVED BY THE BOARD OF DIRECTORS AT EACH QUARTERLY FULL BOARD MEETING.  
THE EXECUTIVE COMMITTEE IS COMPOSED OF THE FOUR BOARD OFFICERS, THE  
IMMEDIATE PAST-PRESIDENT, AND AN ADDITIONAL AT-LARGE MEMBER. THE LIST OF

Name of the organization	OPEN SCHOOL INC. FKA: OPEN MEADOW ALTERNATIVE SCHOOLS INC	Employer identification number	93-0757378
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EXECUTIVE COMMITTEE MEMBERS IS IDENTIFIED IN THE SCHEDULE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBER SUZANNE NOLAND IS THE MOTHER-IN-LAW OF ASSOCIATE DIRECTOR HANIF FAZAL WHO RECEIVED MORE THAN \$10,000 IN COMPENSATION DURING THE CURRENT FISCAL YEAR.

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

ALL MEMBERS OF THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE WILL REVIEW THE FORM 990 PRIOR TO FILING.

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

ALL BOARD MEMBERS, AND EMPLOYEES ARE COVERED BY THE POLICY. ALL NEW BOARD MEMBERS, AND EMPLOYEES SPECIFICALLY REVIEW THE CONFLICT OF INTEREST POLICY AS PART OF THEIR ORIENTATION, AND SIGN A DOCUMENT OUTLINING THE POLICY AND PROCEDURE. EACH YEAR THE BOARD OF DIRECTORS REVIEW THE POLICY TO IDENTIFY ANY CONFLICTS THAT MAY EXIST. ENFORCEMENT IS PROVIDED BY 1) VOLUNTARY DISCLOSURE, OR 2) REPORTING BY ANOTHER EMPLOYEE OR MEMBER OF THE PUBLIC. POTENTIAL CONFLICTS ARE REVIEWED PER THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD EXECUTIVE COMMITTEE COMPARES THE COMPENSATION INFORMATION FOR EXECUTIVE DIRECTORS AT COMPARABLE ORGANIZATIONS AND CROSS-REFERENCES IT USING A LOCAL NON-PROFIT SALARY SURVEY AND INFORMATION AVAILABLE THROUGH 990 FILINGS ONLINE. COMPENSATION INCREASES ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

Name of the organization OPEN SCHOOL INC.

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FORM 990, PART VI, SECTION B, LINE 15B:

INCLUDED BOARD PRESIDENT REVIEW AND APPROVAL OF TOP 4 KEY EMPLOYEES, USING CONTEMPORANEOUS SUBSTANTIATION DATA OBTAINED BY REGIONAL SURVEY OF PAY RATES IN LOCAL/NATIONAL SALARY SURVEY - MOST RECENT UPDATE COMPLETED 2H 2013.

OFFICER SALARY TABLES WERE DEVELOPED IN 2005, AND UPDATED IN 2H 2013 USING COMPARABLE PUBLIC AND NON-PROFIT PEER AGENCIES, RANGES WERE INFLATED BY PORTLAND CPI THRU 2011. SALARY TABLE WAS APPROVED BY THE EXECUTIVE COMMITTEE AND ANNUAL SALARY INCREASE BUDGETS HAVE BEEN REVIEWED BY THE BOARD FINANCE AND EXECUTIVE COMMITTEES. EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD. THESE HAVE NOW BEEN REVISED AS OF AUGUST 2013 BASED ON A 2013 REGIONAL SALARY SURVEY.

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

ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 12, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.