Form **990**

632001 11-11-16

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2016 calendar year, or tax year beginning and	ending	_	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Г	Addres	OPEN MEDICINE FOUNDATION, INC.			
Ē	Name change			26-4	712664
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final return/	20302 1 ABO DETME			352-0310
	termin ated			G Gross receipts \$	1,627,743.
	Ameno			H(a) Is this a group re	
	Application	F Name and address of principal officer:LINDA TANNENBAUM			s? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
ı	Tax-exe	empt status: \mathbf{X} 501(c)(3) \mathbf{D} 501(c) () \mathbf{A} (insert no.) \mathbf{D} 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		e: NGO		H(c) Group exemption	n number 🕨
K	Form of	organization: X Corporation	L Year	of formation: 2009 N	M State of legal domicile: CA
P	art I	Summary			
Ģ	1	Briefly describe the organization's mission or most significant activities: ${ t SUPP}$	ORTS M	EDICAL RESE	ARCH TO
auc		FIND TREATMENTS AND DIAGNOSTIC MARKERS F	OR NEU	RO-IMMUNE D	ISEASES.
Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			6
∞ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
Activities		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			2
₹		Total number of volunteers (estimate if necessary)			15
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,871,494.	1,627,284.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
Вè	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		223.	459.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,871,717. 977,687.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		•	630,599.
		Benefits paid to or for members (Part IX, column (A), line 4)		<u>0.</u> 159,767.	240,930.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		159,767.	240,930.
en	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 76,0	0.5	0.	0.
Ĕ	17			109,660.	182,197.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,247,114.	1,053,726.
		Revenue less expenses. Subtract line 18 from line 12		624,603.	
Or Po		novonuo 1655 espenses. Gubtiaci iirie 10 IIOIII iilie 12	Ra	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,428,007.	1,707,318.
ASS	21	Total liabilities (Part X, line 26)		638,066.	343,360.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		789,941.	1,363,958.
	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich preparer	has any knowledge.	
Sig	jn	Signature of officer		Date	
He		LINDA TANNENBAUM, CEO / PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Pai	d ,	ANTHONY P. BOZANIC, CPA		self-employ	
Pre	parer	Firm's name PDM, LLP		Firm's EIN ▶	33-0783700
Use	Only	Firm's address 3460 TORRANCE BLVD., STE 200			
		TORRANCE, CA 90503		Phone no. (3	10)540-4118
Ма	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	1990 (2016) OPEN MEDICINE FOUNDATION, INC. 20-4/12004 Page 2	=
Pai	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	SUPPORTS COLLABORATIVE MEDICAL RESEARCH TO FIND EFFECTIVE TREATMENTS	
	AND DIAGNOSTIC MARKERS FOR DIFFICULT TO TREAT ILLNESSES (CURRENTLY	
	FOCUSING ON NEURO-IMMUNE DISEASES INCLUDING: ME/CFS, LYME, FIBROMYAGIA	
	AND AUTISM).	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?)
	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?)
	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 \$ 879,930 · including grants of \$ 630,599 ·) (Revenue \$)
	THE ORGANIZATION SUPPORTS RESEARCH AND ENGAGES THE PATIENT COMMUNITY OF	•
	CHRONIC COMPLEX ILLNESSES BY BRINGING TOGETHER A COMMUNITY OF "THOUGHT	
	LEADERS", PATIENTS, CLINICIANS AND RESEARCHERS FOR A TARGETED	
	INITIATIVE. THROUGH COLLABORATIVE MEDICAL RESEARCH EFFORTS, WE STRIVE	
	TO FIND EFFECTIVE TREATMENTS FOCUSED ON RESEARCHING CHRONIC FATIGUE	_
	SYNDROME/MYALGIC ENCEPHALOMYELITIS IN HOPES OF DISCOVERING DIAGNOSTIC	_
	MARKERS AND TO BRING ANSWERS TO OTHER CHRONIC COMPLEX DISEASES THAT	
	SHARE SOME OF THE SYMPTOMS.	
	DIMINE BOILE OF THE BEILL COMPA	-
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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
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	(Code:) (Expenses \$	_)

632002 11-11-16

879,930.

Form **990** (2016)

4e Total program service expenses ▶

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		y
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Х
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		21
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''		21
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-10		
	complete Schedule G. Part III	19		х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		-25
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 00		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016) OPEN MEDICINE FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

14 Enter the number reported in Box 3 of Form 1096. Enter -0°+ in ct applicable		Check if Schedule O contains a response or note to any line in this Part V					
14 Enter the number reported in Box 3 of Form 1096. Enter -0°+ in ct applicable						Yes	No
be Enter the number of Forms W-2G included in line 1a. Enter 0-if not applicable. Did the organization comply with backup with holding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year androg with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? 2b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? 2c X Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-five (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated 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)? 5b If Yes, a the the name of the foreign country. 5c Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or gifts were not tax deductible? 7c Organization shall may receive deductible contributions under section 170(c). a Did the organization in each section that was required to file form 888CT? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization received a doubtly the donor of the value of the goods or services provided? 7d If Yes, 1 did the organization in only the donor of the value of the goods or services provided? 7d If Yes, 2 did the organization in only the donor of the value of the goods or	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
Combining with packup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Errier the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2 If all least one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of St. 1000 or more during the year? 3 Did the organization have unrelated business gross income of St. 1000 or more during the year? 3 Did the organization and the search of 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 accounts (FBAR). 5 Did any taxable party notify 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 accounts (FBAR). 5 Did any taxable party notify the organization have that it was or is a party to a prohibitorie for file in promise for file organization and it was or is a party to a prohibitorie for she have a promise for file organization and that it was or is a party to a prohibitorie tax sheller transaction? 5 Did any taxable party notify the organization file Form 8898-17 5 Did any taxable party notify the organization file Form 8898-17 5 Did the organization shall were not tax deductible as charitable contributions? 5 Dif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Diff the organization receive a party manual gross receipts shall are normally greater than \$100,000, and did the organization solicit and party to goods and services provid							
(agambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 b Old the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account; or the financial account in a foreign country (such as a bank account, securities account, or other financial account; or the financial account in a foreign country (such as a bank account, or other financial account; or the financial account in a foreign country (such as a bank account, securities account, or other financial account; or the financial account in the foreign country. 5 b If Yes, 'id the organization for fine foreign country. 6 b If Yes, 'id the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 7 b If Yes, 'id dithe organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 c Jiff Yes, 'id dithe organization michige were year and the foreign country. 7 b If Yes, 'id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file from 88851? 8 b If Yes, 'id the organization sell, exchange, or otherwise dispose of tangible pers			eporta	ble gaming			
2a Enter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements. 2a 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of St. (300 or more during the year? 3a a 2 j If Yes, *has it filed a Form 990-T for this year? If No. *to line 3b, provide an explanation in Schedule O 3b If Yes, *has it filed a Form 990-T for this year? If No. *to line 3b, provide an explanation in Schedule O 3b If Yes, *has it filed a Form 990-T for this year? If No. *to line 3b, provide an explanation in Schedule O 3b If Yes, *to lite the name of the foreigin country; ▶ See instructions for filing requirements for FireCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax sheller transaction? 5b Did any taxobe party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5b Did any taxobe party notify the organization file form 8886-T? 6c Dises the organization have naural gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7c Organization she than any receive deductible contributions? 7c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization neceive apayment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 7c Did the organization receive a payment in excess of \$5 made party as a contribution of quarty and party for goods and services provided to the payor? 7c Did the organization neceive anyment in excess of \$5 made party as a contribution of quarty and party for goods and services provided to the payor? 7c Did the organization received a cont					1c	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization and this year? 3b If "Yes," has it filed a Form 990-T for this year? If "No', to line 3b, provide an explanation in Schedule O 3b Dad At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account()? 4a At any time and in a foreign country (such as a bank account, securities account, or other financial account()? 5b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce in structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce If "Yes," to line 5a or 5b, did the organization tile Form 8886-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 5c If "Yes," to line 5a or 5b, did the organization file Form 8888-17 6d 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? 6a 2 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 Up the organization receive a payment in excess of \$75 made partly as a contribution of updated the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If the organization receive any funds, directly or indirectly, to pay premiums	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	2			
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c	L						
c Enter the amount of reserves on hand 13c	b		12h				
	_						
Tru 1					14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							

OPEN MEDICINE FOUNDATION, INC. Form 990 (2016) 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 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Х 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 14 Did the organization have a written document retention and destruction policy? Х Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed ▶CA 17 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. X Another's website X Upon request Other (explain in Schedule O) Own website 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. State the name, address, and telephone number of the person who possesses the organization's books and records:

Form **990** (2016)

BALANCE YOUR BOOKS - 805-777-1000

1850 E. THOUSAND OAKS BLVD., THOUSAND OAKS,

Part VIII Statement of Revenue

		Check if Schedule O contain	s a response	or note to any lir	ne in this Part VIII			
			<u> </u>	or	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
iran		Membership dues						
Ę,	c							
ifts ar A		Related organizations						
a,e	e							
Sig	f	All allows a satisfications with a second						
her	•	similar amounts not included above		627,284.				
호텔				027,201.	-			
Contributions, Gifts, Grants and Other Similar Amounts	g		π. φ		1,627,284.			
<u> </u>		Total. Add lines fa fi		Business Code				
as a	2 a			Dusiness Code				
, ki	2 b							
Ser	C							
E S	d							
Program Service Revenue								
Pro	f	All other program service revenu						
	'							
	3	Investment income (including div	idends inter					
	Ü	other similar amounts)	•	•	459.			459.
	4	Income from investment of tax-e			1331			1331
	5	Royalties						
	J	Tioyanies	(i) Real	(ii) Personal				
	6 3	Gross rents	(i) Fiedi	(ii) i croonar	-			
	b							
		Rental income or (loss)						
	4	Net rental income or (loss)		•				
			i) Securities	(ii) Other				
		assets other than inventory	iy coodiniloo	(ii) Garioi				
	h	Less: cost or other basis						
	~	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraising e						
nue		including \$						
eve		contributions reported on line 1c						
Other Reven		Part IV, line 18						
the	b	Less: direct expenses						
0		: Net income or (loss) from fundrai						
		Gross income from gaming activ						
		Part IV, line 19						
	b	Less: direct expenses						
		: Net income or (loss) from gaming						
		Gross sales of inventory, less ret						
		and allowances	а					
	b	Less: cost of goods sold						
		: Net income or (loss) from sales or						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,627,743.	0.	0.	459.

Part IX | Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	molete column (Δ)	
Secti	Check if Schedule O contains a respons			mpiete column (A).	
	not include amounts reported on lines 6b, 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	630,599.	630,599.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	156,250.	109,375.	23,438.	23,437.
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	69,083.	20,725.	20,725.	27,633.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,597.	9,006.	3,057.	3,534
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,000.	800.	200.	
С	Accounting	14,374.	11,499.	2,875.	
d	Lobbying				
	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.)	92,961.	40,277.	37,657.	15,027.
12	Advertising and promotion	9,513.	40,277. 6,566.	682.	15,027. 2,265.
13	Office expenses	3,775.		3,775.	
14	Information technology	13,984.	11,428.	793.	1,763.
15	Royalties				
16	Occupancy				
17	Travel	38,496.	36,750.	1,746.	
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,905.	2,905.		
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,056.		2,056.	
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 0.)				
а	FUNDRAISING	2,346.			2,346.
h	BANK FEES	349.		349.	2,540
2	EDUCATION	278.		278.	
d	TAXES	160.		160.	
	All other expenses	100•		100.	
	Total functional expenses. Add lines 1 through 24e	1,053,726.	879,930.	97,791.	76,005.
25 26	Joint costs. Complete this line only if the organization	1,000,120.	0,7,750.	J , , , J ± •	, 0 , 0 0 3 .
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2016

Form 990 (2016)

Part X | Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing	1,416,939.	1	1,689,153.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	11,068.	4	18,165.
	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			
şţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ğ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,428,007.	16	1,707,318.
	17	Accounts payable and accrued expenses	15,566.	17	20,230.
	18	Grants payable	622,500.	18	323,130.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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	Total liabilities. Add lines 17 through 25	638,066.	26	343,360.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	789,941.	27	1,317,383.
3ali	28	Temporarily restricted net assets		28	46,575.
ЪГ	29	Permanently restricted net assets		29	
표		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	789,941.	33	1,363,958.
	34	Total liabilities and net assets/fund balances	1,428,007.	34	1,707,318.

Form **990** (2016)

Pa	rt 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	1,62		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,05	3,7	26.
3	Revenue less expenses. Subtract line 2 from line 1	3	57	4,0	17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78	9,9	41.
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	1,36	3,9	58.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

632012 11-11-16

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OPEN MEDICINE FOUNDATION, INC.

Employer identification number

26-4712664 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (vi) Amount of other in your gove (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	123,610.	1,504,199.	462,087.	1,869,844.	1,627,284.	5,587,024.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	123,610.	1,504,199.	462,087.	1,869,844.	1,627,284.	5,587,024.
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)						2,854,555.
	Public support. Subtract line 5 from line 4.						2,732,469.
	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	123,610.	1,504,199.	462,087.	1,869,844.	1,627,284.	5,587,024.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			0.0	000	450	5 60
	and income from similar sources			80.	223.	459.	762.
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				1 (50		1 (50
	assets (Explain in Part VI.)				1,650.		1,650.
	Total support. Add lines 7 through 10	. ,	`				5,589,436.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	•			•	. , , ,	 ▶ X
Sec	organization, check this box and storection C. Computation of Publ						P
	Public support percentage for 2016 (l		<u> </u>	volumo (fl)		14	%
	Public support percentage for 2015 (Public support percentage from 2015					15	<u>%</u>
	33 1/3% support test - 2016. If the c						
106	stop here. The organization qualifies						
	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	•		·		•	
17:	10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-			
ŀ	10% -facts-and-circumstances tes						
	more, and if the organization meets the						3,0 01
	organization meets the "facts-and-circ		•				ightharpoonup
<u>1</u> 8	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	olow, ploade com	proto r are m.				
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")	1					
2	Gross receipts from admissions,						
	merchandise sold or services per-	I					
	formed, or facilities furnished in	İ					
	any activity that is related to the organization's tax-exempt purpose	İ					
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-	I					
	iness under section 513	I					
4	Tax revenues levied for the organ-	I					
	ization's benefit and either paid to	İ					
	or expended on its behalf	 					
5	The value of services or facilities	I					
	furnished by a governmental unit to	İ					
	the organization without charge	<u> </u>					
6	Total. Add lines 1 through 5	<u> </u>					
7	Amounts included on lines 1, 2, and	İ					
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received	I					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	İ					
	amount on line 13 for the year	<u> </u>					
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest,	 [
	dividends, payments received on	İ					
	securities loans, rents, royalties and income from similar sources	İ					
	Unrelated business taxable income						
•	(less section 511 taxes) from businesses	İ					
	acquired after June 30, 1975	I					
	Add lines 10a and 10b						
	Net income from unrelated business						
•	activities not included in line 10b,	İ					
	whether or not the business is	İ					
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital	İ					
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
<u></u>	check this box and stop here						>
	ction C. Computation of Publ					T T	
	Public support percentage for 2016 (I			column (f))		15	<u>%</u>
	Public support percentage from 2015					16	<u>%</u>
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a	-	-				
ŀ	33 1/3% support tests - 2015. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che		-				
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

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Vac Na

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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 12a or 12b 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) nurnoses
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

	Yes	No
4		
1		
2		
3a		
3b		
Зс		
4-		
4a		
4b		
4c		
F •		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
36		
9с		
10-		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec ⁻	tion B. Type I Supporting Organizations			,
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	
Sec.	tion C. Type II Supporting Organizations			T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1	<u> </u>	
Sec	tion D. All Type III Supporting Organizations		1,,	1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions	3).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	За		
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	3b		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Se	ctions A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3	4		
5 De	epreciation and depletion	5		
6 Pc	ortion of operating expenses paid or incurred for production or			
co	ollection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
	air market value of other non-exempt-use assets	1c		
	otal (add lines 1a, 1b, and 1c)	1d		
	iscount claimed for blockage or other			
	ictors (explain in detail in Part VI):			
	cquisition indebtedness applicable to non-exempt-use assets	2		
	ubtract line 2 from line 1d	3		
	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	ee instructions)	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	lultiply line 5 by .035	6		
	ecoveries of prior-year distributions	7		
	linimum Asset Amount (add line 7 to line 6)	8		
	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
	nter 85% of line 1	2		
3 M	linimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Er	nter greater of line 2 or line 3	4		
	come tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting ord	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

26-4712664 Page 7 Schedule A (Form 990 or 990-EZ) 2016 OPEN MEDICINE FOUNDATION, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Pre-2016 Section E - Distribution Allocations (see instructions) Amount for 2016 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c

Schedule A (Form 990 or 990-EZ) 2016

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Breakdown of line 7:

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047

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

Open to Public

Inspection

Schedule I (Form 990) (2016) % X **Employer identification number** 26 - 4712664(h) Purpose of grant or assistance ME/CFS AWARENESS AND PLATFORM DEVELOPMENT EDIATRIC PHYSICIAN RESEARCH DATABASE Yes EDUCATION GRANT RESEARCH GRANT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) c 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 403,000 24,000 200,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. OPEN MEDICINE FOUNDATION Enter total number of other organizations listed in the line 1 table 0000000-00 95-2872494 04 - 1564655General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization AR 71909 or government MASS GENERAL HOSPITAL BOSTON, MA 02114-2696 HOT SPRINGS VILLAGE, Name of the organization LA JOLLA, CA 92093 9500 GILMAN DRIVE UCSD FOUNDATION 55 FRUIT STREET DR. DAVID BELL 10 CORTEZ WAY Part I Part II Q

(f) Description of noncash assistance 26-4712664 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant OPEN MEDICINE FOUNDATION, INC. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016) Part III

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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OMB No. 1545-0047

Name of the organization

OPEN MEDICINE FOUNDATION, INC.

Employer identification number 26-4712664

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

THE CEO / PRESIDENT OBTAINS THE FINAL DRAFT OF THE FORM 990 FROM THE ORGANIZATON'S THIRD-PARTY 990 PREPARER AND REVIEWS. THE EXECUTIVE DIRECTOR THEN DISTRIBUTES THE COPIES OF THE FORM 990 FINAL DRAFT TO THE BOARD WHO REVIEW AND APPROVE THE FINAL FORM 990 BEFORE IT IS FILED.

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

ANNUALLY, DURING BOD ELECTIONS, MEMBERS ARE ASKED TO SIGN THE CONFLICT OF INTEREST POLICY CONFIRMING THAT THEY UNDERSTAND THE POLICY AND ARE IN CONFORMITY WITH THE POLICY. ALL NEW STAFF AND BOARD MEMBERS ARE INFORMED OF THE POLICY AND ASKED IF THEY HAVE ANY CONFLICTS OF INTEREST.

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

ALL CHANGES IN MANAGEMENT COMPENSATION AND HIRING ARE APPROVED BY A VOTE OF THE BOARD OF DIRECTORS.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION NEEDS AN AUDITED FINANCIAL REPORT IN ORDER TO APPLY FOR FOUNDATION GRANTS THAT REQUIRES SUCH A REPORT.

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

Schedule O (Form 990 or 990-EZ) (2016)