Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

OMB No. 1545-0047

A	For the	e 2017 calendar year, or tax year beginning and ending	J		
В	Check if applicabl	C Name of organization	D E	mployer identifi	cation number
Г	Addre chang	OPEN MEDICINE FOUNDATION, INC.			
	Name chang			26-4	712664
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) Room/s 29302 LARO DRIVE	suite E To	elephone numbe – 650	r 242-8669
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gr	ross receipts \$	2,657,107.
	Ameno return	AGOURA HILLS, CA 91301	H(a)	Is this a group re	eturn
	Application	F Name and address of principal officer:LINDA TANNENBAUM		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE	H(b)	Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 1	527		list. (see instructions)
		e: WWW.OMF.NGO		Group exemptio	
		<u> </u>	Year of form	nation: 2009 N	N State of legal domicile: CA
Р	art I	Summary	· MED T		1 D G I I I I I I I I I I I I I I I I I I
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SUPPORTS FIND TREATMENTS AND DIAGNOSTIC MARKERS FOR N	IEURO-	CAL RESE	ISEASES.
rnai	2	Check this box if the organization discontinued its operations or disposed of i			
Se.		Number of voting members of the governing body (Part VI, line 1a)		ı	7
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			5
es e		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			3
Ϋ́		Total number of volunteers (estimate if necessary)			127
∕cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				rior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	1,	627,284.	2,656,038.
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		459.	1,069.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	0.
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1 ,	627,743. 630,599.	2,657,107.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		030,399.	1,578,473.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		240,930.	359,171.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 127,680.		<u> </u>	0.
Ξ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		182,197.	208,865.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1.	053,726.	2,146,509.
		Revenue less expenses. Subtract line 18 from line 12		574,017.	
Net Assets or	3		Beginnin	g of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		707,318.	3,119,205.
ASS	21	Total liabilities (Part X, line 26)		343,360.	1,244,649.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,	363,958.	1,874,556.
P	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has an	ny knowledge.	
		Signature of officer		Doto	
Sig		, ,		Date	
He	re	LINDA TANNENBAUM, CEO / PRESIDENT Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Pai	d	ANTHONY P. BOZANIC, CPA		if self-employ	
	parer	Firm's name PDM, LLP		Firm's EIN	33-0783700
	Only	Firm's address 3460 TORRANCE BLVD., STE 200			
	•	TORRANCE, CA 90503		Phone no. (3	10)540-4118
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)		•	X Yes No

Pa	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 CHRONIC COMPLEX DISEASES (CURRENTLY
	FOCUSING ON MYALGIC ENCEPHALOMYELITIS/CHRONIC FATIGUE SYNDROME).
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?
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
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,902,078. including grants of \$ 1,578,473.) (Revenue \$)
4a	(Code:) (Expenses \$ 1,902,078 including grants of \$ 1,578,473) (Revenue \$) THE ORGANIZATION SUPPORTS COLLABORATIVE MEDICAL RESEARCH TO FIND
	EFFECTIVE TREATMENTS AND DIAGNOSTIC MARKERS FOR CHRONIC COMPLEX
	DISEASES. THROUGH THESE COLLABORATIVE MEDICAL RESEARCH EFFORTS, WE
	STRIVE TO FIND EFFECTIVE TREATMENTS FOR THOSE SUFFERING FROM
	DIFFICULT-TO-TREAT ILLNESSES, BY BRINGING TOGETHER A COMMUNITY OF
	"THOUGHT LEADERS," PATIENTS, CLINICIANS AND RESEARCHERS FOR TARGETED
	INITIATIVES. WE ARE CURRENTLY FOCUSED ON RESEARCHING MYALGIC
	ENCEPHALOMYELITIS/CHRONIC FATIGUE SYNDROME IN HOPES OF DISCOVERING
	DIAGNOSTIC MARKERS AND TO BRING ANSWERS TO OTHER CHRONIC COMPLEX
	DISEASES THAT SHARE SIMILAR SYMPTOMS.
	DISTRIBUTE TIME STREET TONG.
4b	(Code:) (Expenses \$
710	(Code
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Listende V) (Listende V) (Note in the V)
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,902,078.
	Form 990 (2017)

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	X	
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		X
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ا ۔۔
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	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	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	Х	
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	Х	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	- 1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-10		<u></u>
.5	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
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			
		24a		Х
	, ,			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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,"			
	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			
	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):			
а	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? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
01	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	31		
32		32		Х
22		32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
24		33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0.5	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b				
	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?			77
	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		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	lib °			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			37	
	(gambling) winnings to prize winners?	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 3			
	filed for the calendar year ending with or within the year covered by this return			v	
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 1a and 2a is greater than 250, you may be required to e-file (see instructions				v
3a	-		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				Х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		- 72
D	If "Yes," enter the name of the foreign country:	accurate (FDAD)			
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		Ea		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5a 5b		X
b			5c		21
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		- 5C		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tay deductible as charitable contributions?		6a		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut		- Oa		
b	were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	l I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ا مدا			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441			
40-	amounts due or received from them.)	11b	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
J	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
_~				990	(2017

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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			X
Sec	tion 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			
	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 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, CT, FL, GA, IL, MA, NH, NJ, NY			
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) a	vailab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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	l finan	cial	
	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:			
	BALANCE YOUR BOOKS - 805-777-1000			
	1850 E. THOUSAND OAKS BLVD., THOUSAND OAKS, CA 91362			

			/		E FOUNDAT	ION, INC.		26-4/12	664 Page 9
Pa	rt V	<u> </u>	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	e or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
							revenue	revenue	sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Gra Jou			Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events	1c					
		d	Related organizations	1d					
Simi		е	Government grants (contribut	ions) 1e					
tio S		f	All other contributions, gifts, gran						
혍			similar amounts not included abo	ve 1f 2	,656,038.				
d d		g	Noncash contributions included in lines	1a-1f: \$					
<u>8 Ö</u>		h	Total. Add lines 1a-1f			2,656,038.			
					Business Code				
e S	2	а							
ēŽ		b							
Senu		С							
ran ev		d							
Program Service Revenue		е							
₫		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f						
	3		Investment income (including	dividends, inte	rest, and				
			other similar amounts)		>	1,069.			1,069.
	4		Income from investment of ta	x-exempt bond	proceeds				
	5		Royalties		<u></u>				
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)	· <u>·····</u>	<u></u>				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)		. <u></u>				
ē	8	а	Gross income from fundraisin	•					
Other Revenue			including \$						
3eV			contributions reported on line	•					
ē			Part IV, line 18						
₽			Less: direct expenses		·				
			Net income or (loss) from fund	-	_				
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam	-	D				
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold		•				
		С	Net income or (loss) from sale						
	L_		Miscellaneous Revenu		Business Code				
	11								
		b							
		C							
	ı		All other revenue						
		е	Total. Add lines 11a-11d) 	^	^	1 060
	12		Total revenue. See instructions.			ב, UJ/, TU/•	0.	0.	1,069.

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,

Total expenses

Program service

Management and

Fundraising

	Check if Schedule O contains a response or note to any line in this Part IX								
	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	1,509,509.	1,509,509.						
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	68,964.	68,964.						
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	200 610	455 000	60.050	0.4 4.54				
	trustees, and key employees	309,612.	155,883.	69,258.	84,471.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	22 075	7 162	7 162	0 540				
7	Other salaries and wages	23,875.	7,163.	7,163.	9,549.				
8	Pension plan accruals and contributions (include								
_	section 401(k) and 403(b) employer contributions)	2 167	1 050	735.	277				
9	Other employee benefits	2,167. 23,517.	1,059. 11,498.	5,389.	373. 6,630.				
10	Payroll taxes	∠3,51/•	11,498.	5,389.	0,030.				
11	Fees for services (non-employees):								
a	• • • • • • • • • • • • • • • • • • • •	2,446.	1,957.	489.					
	Legal	20,184.	16,147.	4,037.					
	5 ······	20,104.	10,147.	4,037.					
	Lobbying								
e f	Investment management fees								
	// (II)								
g	column (A) amount, list line 11g expenses on Sch 0.)	50,078.	18,501.	13,901.	17,676.				
12	Advertising and promotion	5,368.	3,183.	101.	2,084.				
13	Office expenses	13,610.	7 - 2 2 3	11,007.	2,603.				
14	Information technology	14,343.	11,395.	915.	2,033.				
15	Royalties		,		·				
16	Occupancy								
17	Travel	38,408.	37,208.	1,200.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	58,422.	58,422.						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	2,257.		2,257.					
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	2,261.			2,261.				
a b	EDUCATION	1,189.	1,189.		_,				
c	TAXES	150.	_,	150.					
d	BANK FEES	149.		149.					
-	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	2,146,509.	1,902,078.	116,751.	127,680.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
					- 000				

<u>P</u> ar	T 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	1,689,153.	1	3,061,297
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,165.	4	56,664
	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			
ا ب		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
499619	7	Notes and loans receivable, net		7	
€	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	1,244
		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)	1,707,318.	16	3,119,205
	17	Accounts payable and accrued expenses	20,230.	17	19,891
	18	Grants payable	323,130.	18	1,224,758
	19	Deferred revenue		19	
	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.			
Liabilities		Complete Part II of Schedule L		22	
ן נֿ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		2-7	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Och called D		25	
	26	Total liabilities. Add lines 17 through 25	343,360.	26	1,244,649
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	0 20 7 0 0 0 1	20	_,,
, l		complete lines 27 through 29, and lines 33 and 34.			
Net Assets of Fully balances	27	Unrestricted net assets	1,317,383.	27	1,820,449
<u> </u>	28	Temporarily restricted net assets	46,575.	28	54,107
<u>.</u>	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
-		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
(32	Retained earnings, endowment, accumulated income, or other funds		32	
ב	33	Total net assets or fund balances	1,363,958.	33	1,874,556
	-UU	rotal not accepte or fully parameter	1,707,318.	55	_, _, _,

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)		,65			
2	Total expenses (must equal Part IX, column (A), line 25)		,14			
3	Revenue less expenses. Subtract line 2 from line 1	3			98.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	,36	3,9	<u>58.</u>	
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	,87	<u>4,5</u>	<u>56.</u>	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No	
	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?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a				
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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	<u> </u>	
	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 Si	ngle Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>	
			Form	990	(2017)	

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization OPEN MEDICINE FOUNDATION TNC Employer identification number 26-4712664

_				FOUNDATION,				0-4/12004				
Ра	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.					
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)						
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	1)(A)(i).					
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).										
4		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:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov		nental unit described in s	section 17	70(h)(1)(A)	(v)					
	X	An organization that norma	_					nublic described in				
•		section 170(b)(1)(A)(vi). (Co	-	ililai part of its support i	ioiii a gov	CITIITICITIAI	unit or from the general	public described in				
			•	(4)(A)(vi) (Complete Day	L 11 \							
8	Н	A community trust describe										
9		An agricultural research org				-	_	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	je or				
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from				
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11	Ш	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving				
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•							
		organization. You must c			, ,							
b		Type II. A supporting orga			tion with it	s support	ed organization(s), by ha	avina				
		control or management o	•					-				
		organization(s). You mus			uo po.o.		or an arrange are ear					
_		Type III functionally inte	-		in connec	tion with	and functionally integrat	ed with				
·		its supported organization						od with,				
d		Type III non-functionally		•				ization(s)				
u							• • • • • •	• •				
		that is not functionally int	-	•	•		•	iveriess				
_		requirement (see instructi	•	-								
е		Check this box if the orga					a Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated support	ing organi	zation.						
T		r the number of supported o										
g		ride the following information Name of supported	iabout the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)				
		9		above (see instructions))	Yes	No	,	1				
F - 4 -												

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												
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	1,504,199.	462,087.	1,869,844.	1,627,284.	2,656,038.	8,119,452.					
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	1,504,199.	462,087.	1,869,844.	1,627,284.	2,656,038.	8,119,452.					
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)						3,472,205.					
6	Public support. Subtract line 5 from line 4.						4,647,247.					
Sec	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
7	Amounts from line 4	1,504,199.	462,087.	1,869,844.	1,627,284.	2,656,038.	8,119,452.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources		80.	223.	459.	1,069.	1,831.					
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.)			1,650.			1,650.					
11	Total support. Add lines 7 through 10						8,122,933.					
12	Gross receipts from related activities,	etc. (see instruction	ons)			12						
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)						
_	organization, check this box and stor	here	<u>.</u>				<u></u>					
	ction C. Computation of Publ						<u> </u>					
	Public support percentage for 2017 (14	57.21 %					
	Public support percentage from 2016					15	<u>%</u>					
16a	33 1/3% support test - 2017. If the o											
	stop here. The organization qualifies						> X					
b	33 1/3% support test - 2016. If the	-					is box					
	and stop here. The organization qual						▶□					
17a	10% -facts-and-circumstances tes											
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	ization					
	meets the "facts-and-circumstances"	-	-				▶□					
b	10% -facts-and-circumstances tes											
	more, and if the organization meets the				-							
	organization meets the "facts-and-cire		-									
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions											

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) 1 Girks, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, memorability that is related to the organization stax everifies from an activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax everifies section 513 5 The value of services or facilities furnished in any activity that is related to the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5	Section A. Public Support	elow, please com	plete Part II.)				
1 Giffs, grants, contributions, and membership less received. (Dr not include any "unusual grants,") Grans receipts from admissions, muchandriae sold or services per control of the sold of the services per common, and activity that is related to the organizations is tax-ewompt purpose. 3 Gross receipts from admissions, muchandriae sold or services per control of the sold of the organization is tax-ewompt purpose. 3 Gross receipts from admissions, muchandriae and the paid to respond the sold of the organization is benefit and either paid to or expended on its obtain. 5 The value of services or facilities furnished by a governmental unit to the organization without change. 6 Total Add Inset through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons the exceeded from disqualified persons the exceeded from disqualified persons. 7 a Public support Lasses for Note for the organization of the control of the disqualified persons. 8 Public support Lasses for Note for the organization of the control of the disqualified persons the exceeded from disqualified persons. 9 Public support Lasses for Note for the organization of the control of the disqualified persons the exceeded from disqualified persons. 9 Public support Lasses for Note for the organization of the control of the disqualified persons the exceeded from disqualified persons. 9 Public support Lasses for Note for the organization of the control of the control of the control of the disqualified persons the exceeded from disqualified persons. 9 Public support Lasses for Note for the organization of the control of the contr		(a) 2012	(b) 2014	(6) 2015	(4) 2016	(e) 2017	(f) Total
membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, membrandes sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization start are not an unrelated trade or business under section 513 5 The value of services or facilities furnished by a governmental unit to the organization without charge to or expended on its behalf or organization without charge to the organization of the services or facilities furnished by a governmental unit to the organization without charge to Total. Add lines 1 through 5. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons by American behalf of the services of the ser		(a) 2013	(b) 2014	(6) 2015	(u) 2016	(e) 2017	(i) iotai
include any "unusual grants.") Gross neceipts from admissions, merchandise soid or services performed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levels for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mount is funded on lines 12, and 3 received from disqualified persons. 8. A mount is funded on lines 12, and 3 received from disqualified persons the assess to give the services of facilities furnished by a governmental unit to the organization without charge 6. Add lines 1 through 5. 8. Public support. Systemial 1 stamps 1 Section B. Total Support Calleddary rays (or fiscal yea'r beginning in) 9. Amounts from line 6 10.6 Gross income from interest, dividending symmetric sections or the section of the section o	, ,						
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from advites that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization section 513 5. The value of services or facilities furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge to the second of	•						
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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

- 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 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) 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 (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.
- 7 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
1		
2		
За		
3b		
_		
Зс		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
эa		
9b		
9с		
10a		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons?	,	Yes	No
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?	а		
b A family member of a person described in (a) above?	b		
c A 35% controlled entity of a person described in (a) or (b) above?/f "Yes" to a, b, or c, provide detail in Part VI.	С		
Section B. Type I Supporting Organizations		•	
<u> </u>	١,	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.			
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.			
Section C. Type II Supporting Organizations	π,	, 1	
	,	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).			
Section D. All Type III Supporting Organizations			
		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
the organization maintained a close and continuous working relationship with the supported organization(s).			
3 By reason of the relationship described in (2), did the organization's supported organizations have a			
significant voice in the organization's investment policies and in directing the use of the organization's			
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
supported organizations played in this regard.			
Section E. Type III Functionally Integrated Supporting Organizations			
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a The organization satisfied the Activities Test. Complete line 2 below.			
b The organization is the parent of each of its supported organizations. Complete line 3 below.			
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	ions).	-	
2 Activities Test. Answer (a) and (b) below.	F	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
those supported organizations and explain how these activities directly furthered their exempt purposes,			
how the organization was responsive to those supported organizations, and how the organization determined			
that these activities constituted substantially all of its activities.	a		
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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	,		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V Type III Non-Functionally	Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported organization	s to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that di				
	organizations, in excess of income from	activity			
3	Administrative expenses paid to accomp	olish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use as	sets			
5	Qualified set-aside amounts (prior IRS ap	oproval required)			
6	Other distributions (describe in Part VI).	See instructions.			
7	Total annual distributions. Add lines 1	through 6.			
8	Distributions to attentive supported orga	anizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instruction	ons.			
9	Distributable amount for 2017 from Sect	ion C, line 6			
10	Line 8 amount divided by line 9 amount				
Secti	tion E - Distribution Allocations (see ins	tructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Sect	ion C, line 6			
2	Underdistributions, if any, for years prior	to 2017 (reason-			
	able cause required- explain in Part VI).	See instructions.			
3	Excess distributions carryover, if any, to	2017			
а					
b	From 2013				
С	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior year	ars			
h	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see ins	structions)			
j	Remainder. Subtract lines 3g, 3h, and 3i	from 3f.			
4	Distributions for 2017 from Section D,				
	line 7:				
а	Applied to underdistributions of prior year	ars			
b	Applied to 2017 distributable amount				
С	Remainder. Subtract lines 4a and 4b fro	m 4.			
5	Remaining underdistributions for years p	orior to 2017, if			
	any. Subtract lines 3g and 4a from line 2	. For result greater			
	than zero, explain in Part VI. See instruc	tions.			
6	Remaining underdistributions for 2017.	Subtract lines 3h			
	and 4b from line 1. For result greater tha	n zero, explain in			
	Part VI. See instructions.				
7	Excess distributions carryover to 2018	3. Add lines 3j			
	and 4c.	,			
8	Breakdown of line 7:				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

OP:	EN MEDICINE F	'OUNDATIO	N, INC.			26-47126	54
Pa				tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			Yes No
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance? 🔼	Yes No
2	For grantmakers. Described States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
3		he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EUR	DPE	0	2	PROGRAM SERVICES	RESEARCH		68,964.
3 a	Sub-total	0	2				68,964.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a		2				68,964.
I HA	and 3b) For Paperwork Reduct	tion Act Notice.		tions for Form 990.		Schedule F	(Form 990) 2017

3 Enter total number of other organizations or entities

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for an
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	26,378.	.WIRE	0.		
		EUROPE	RESEARCH	42,586.	.WIRE	0.		
			recognized as charities by the ction 501(c)(3) equivalency letter		, recognized as tax-e	xempt		•

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance EUROPE 68,963.WIRE RESEARCH GRANTS 2 0.

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

OPEN MEDICINE FOUNDATION IS NOT A "GRANTMAKER" PER SE IN THAT ITS

FUNDAMENTAL MISSION, AND PURPOSE FOR TAX-EXEMPTION, RELATES TO EDUCATION,

AND RESEARCH ACTIVITIES. HOWEVER, IN THE COURSE OF THESE MISSION-BASED

ACTIVITIES, THE ORGANIZATION DOES MAKE PAYMENTS THAT MEET THE CRITERIA

FOR 'GRANTMAKING' AS DEFINED BY THE INSTRUCTION TO IRS 990 SCHEDULE F.

PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE OF THE U.S. ARE PRINCIPALLY GOVERNED BY THE PURPOSE FOR WHICH THE FUNDS WER GRANTED:

CONTRACT-FUNDED TO FOREIGN RECIPIENTS ARE REPORTED IN PART I, LINE 3 AS RESEARCH PROGRAM ACTIVITIES.

AN INITIAL RISKS ASSESSMENT OF THE RECIPIENT IS CONDUCTED DURING THE

APPROVAL PROCESS OF THE ORGANIZATION AS REQUIRED FOR ALL GRANTS. ALL

GRANT PROPOSALS MUST BE APPROVED BY BOTH THE SCIENTIFIC ADVISORY BOARD

EXECUTIVE COMMITTEE AND THEN THE FULL FOUNDATION BOARD. ONCE GRANTS ARE

APPROVED, GRANTEES ARE REQUIRED TO COMPLETE AN GRANT REQUEST FORM OF THE

ORGANIZATION ALONG WITH ALL RELEVANT DOCUMENTATION (PROJECT INFORMATION,

PORTION OF GRANT COMMITMENT BEING REQUESTED, ETC.)

THEN THE ORGANIZATION'S TREASURER WITH CEO, AND KEY CONTACTS AT GRANTEE

INSTITUTION TO CONFIRM/VALIDATE ALL GRANTEE INFORMATION. FUNDS ARE THEN

DISBURSED ALONG WITH THE ORIGINAL GRANT REQUEST FORM, AND AN OMF

LETTER/EMAIL CONFIRMING THE INTENDED USE OF THE FUNDS, AND A REQUEST FOR

LETTER/EMAIL CONFIRMING RECEIPT OF FUNDS.

Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. ALL GRANTEES ARE REQUIRED TO PROVIDE REGULAR UPDATES TO THE ORGANIZATION'S CEO ON PROJECT STATUS, AND THE ORGANIZATION'S TREASURER WORKS WITH KEY CONTACTS AT EACH RECIPIENT INSTITUTION TO RECEIVE FINANCIAL UPDATES. ALL GRANT PAYMENTS ARE LOGGED AND TRACKED BY THE TREASURER, INCLUDING FOREIGN GRANTS, AND RECONCILED ON A REGULAR, ONGOING BASIS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047 **2017**Open to Public

Inspection

Employer identification number Name of the organization OPEN MEDICINE FOUNDATION, INC. 26-4712664 Part I **General Information on Grants and Assistance** 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 X No criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book. or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) DR. DAVID BELL PEDIATRIC PHYSICIAN 10 CORTEZ WAY ME/CFS AWARENESS AND EDUCATION GRANT HOT SPRINGS VILLAGE, AR 71909 0.0 - 0.0000000 8,000 MASS GENERAL HOSPITAL 55 FRUIT STREET RESEARCH DATABASE PLATFORM DEVELOPMENT BOSTON, MA 02114-2696 04-1564655 200,000. 0 CHRONIC FATIGUE SYNDROME REGENTS OF THE UNIVERSITY OF CALIFORNIA - 451 HEALTH SCIENCE METABOLOMICS - A DRIVE, RM 1313 - DAVIS, CA 95616 94-6036494 30,000 0 VALIDATION STUDY T CELLS AND MOLECULAR THE STANFORD CFS RESEARCH CENTER IMMUNOLOGY OF ME/CFS 3165 PORTER DRIVE EXTENDED BIG DATA STUDY IN FAMILIES DEVELOPING PALO ALTO, CA 94304-5503 94-1156365 300 000. 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

(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 noncash assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMEN	r: THE ST.	ANFORD CF	S RESEARCH	CENTER	
(H) PURPOSE OF GRANT OR ASSISTANCE	E: T CELL	S AND MOLI	ECULAR IMMU	NOLOGY OF	
ME/CFS, EXTENDED BIG DATA STUDY II	N FAMILIE	S, DEVELO	PING BLOOD-	BASED	
DIAGNOSTIC AND DRUG SCREENING TECH	HNOLOGY				

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

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) (2017)