(Rev. January 2020) 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	רטו נוו	e 20 is calendar year, or tax year beginning and calendar year, or tax year beginning	enaing	_			
В	Check if applicab	C Name of organization		D Employer identified	cation number		
	Addre	OPEN MEDICINE FOUNDATION, INC.]			
	Name	Doing business as	26-47126	64			
Ę	Initial return		Number and street (or P.0. box if mail is not delivered to street address) Room/suite E				
L	Final return termin			650-242-			
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,286,613.		
F	return	AGOURA HILLIS, CA 91301		H(a) Is this a group re			
	tion pendi	F name and address of principal officer: DINDA IANNENDACE		for subordinates			
_		SAME AS C ABOVE	507	H(b) Are all subordinates in			
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) cte: NGO	or 527	⊣ ′	list. (see instructions)		
		forganization: X Corporation Trust Association Other	I Veer	H(c) Group exemption	number ► State of legal domicile: CA		
	art I	Summary	L Year	of formation: 2009 N	State of legal domicile: CA		
	_	Briefly describe the organization's mission or most significant activities: FUNDS	C MEDI	CAT. DECEADO	U TO EIND		
Activities & Governance	1	TREATMENTS AND DIAGNOSTIC MARKERS FOR CHI	RONIC	COMPLEX DIS	EASES.		
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets.		
ove	1			3	8		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7		
Se	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			6		
Ζį	6	Total number of volunteers (estimate if necessary)			130		
Ċţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
٩		Net unrelated business taxable income from Form 990-T, line 39			0.		
		·		Prior Year	Current Year		
ø.	8	Contributions and grants (Part VIII, line 1h)		8,903,857.	4,253,174.		
ņ	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,938.	33,439.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,908,795.	4,286,613.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,970,186.	2,017,269.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		410,621.	523,212.		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 258,96	61. \square				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		428,907.	520,450.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,809,714.	3,060,931.		
	19	Revenue less expenses. Subtract line 18 from line 12		3,099,081.	1,225,682.		
Net Assets or Find Balances				eginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		7,971,322.	7,489,877.		
t As	21	Total liabilities (Part X, line 26)		2,997,685.	1,290,558.		
Fee	22	Net assets or fund balances. Subtract line 21 from line 20		4,973,637.	6,199,319.		
	art II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true	e, corre	ct, and complete, Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.			
		Mnot Clan		May 1, 2020			
Sig	jn	Signature of officer		Date			
He	re	LINDA TANNENBAUM, CEO / PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Proparer's signifuse o	CA	Date Check	PTIN		
Pai	d	ANTHONY P. BOZANIC, CPA	<u> </u>	05-01-2020 if self-employe	D01314417		
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	y the I	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? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,632,142. including grants of \$ 2,017,269.) (Revenue \$)
4 a	(Code:) (Expenses \$ 2,032,142. including grants of \$ 2,017,209.) (Revenue \$ 1 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 DISEASES, 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.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , ,
4 -1	Other program continue (Decerbe on Cabadula O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,632,142.
	Form 990 (2019)

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		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			37
	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	_		3.7
_	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,	_		₹.
_	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			x
	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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	110		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		22
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	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,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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	0.4	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Δ	<u> </u>

Form 990 (2019) OPEN MEDICINE FOUN Part IV Checklist of Required Schedules (continued)

	one of the quantum of							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No				
22	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					
2 4a	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			37				
	Schedule K. If "No," go to line 25a	24a		X				
	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	24c						
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х				
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		Х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		X				
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		- 22				
20	instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
	"Yes," complete Schedule L, Part IV	28a		Х				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c	X					
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			37				
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31						
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	32						
00	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		X				
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
07	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?	31		 				
55	Note: All Form 990 filers are required to complete Schedule O	38	х					
Pai	rt 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	<u></u>						
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37					
	(gambling) winnings to prize winners?	1c	X					

Form 990 (2019) OPEN MEDICINE FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 6					
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)					
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	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)?	4a		X		
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	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 organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	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 services provided to the payor?	7a		X		
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 required	_		37		
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h				
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11				
Ü	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	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:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
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:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand			37		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7.7		
	excess parachute payment(s) during the year?	15		X		
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2010)		

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 on 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	3		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	7		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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	X	
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 on Schedule O	9		X
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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
	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			

932006 01-20-20 Form **990** (2019)

Ра	rt V	Ш						
			Check if Schedule O contains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						Tarrottorretorrac	Duomicoo reverido	sections 512 - 514
Grants	1	а	Federated campaigns 1a					
		b	Membership dues 1b					
s, G			Fundraising events 1c					
ar /			Related organizations 1d		1			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e		1			
			All other contributions, gifts, grants, and		-			
				,253,174.				
Jeri JOE		a	Noncash contributions included in lines 1a-1f	125.				
Col		_	Total. Add lines 1a-1f	•	4,253,174.			
				Business Code				
ø	2	а						
Program Service Revenue		b						
Sel		c						
am		d						
Be		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3	<u> </u>	Investment income (including dividends, inter					
			other similar amounts)		33,439.			33,439.
	4		Income from investment of tax-exempt bond					-
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	1	-			
			Less: rental expenses 6b	1	-			
			Rental income or (loss) 6c	1	-			
			Net rental income or (loss)	<u> </u>				
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	 	-			
		b	Less: cost or other basis		-			
ne			and sales expenses					
Revenue		С	Gain or (loss) 7c		-			
Re			Net gain or (loss)					
Jer			Gross income from fundraising events (not	1				
Oth			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses 88	,				
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 98)				
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10	а				
		b	Less: cost of goods sold10	b				
		С	Net income or (loss) from sales of inventory .					
2		_		Business Code				
eon le	11	а						
lan		b						
Miscellaneous Revenue		С						
Mis			All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions	>	4,286,613.	0.	0.	33,439.

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 respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1 625 060	1 627 060		
	and domestic governments. See Part IV, line 21	1,637,969.	1,637,969.		
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	379,300.	379,300.		
	individuals. See Part IV, lines 15 and 16	379,300.	379,300.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	329,720.	183,981.	57,262.	88,477
6	trustees, and key employees Compensation not included above to disqualified	323,7200	103,701.	37,202.	00,477
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	138,570.	96,993.	36,396.	5,181
8	Pension plan accruals and contributions (include		20,333.	30,3300	3,101
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,962.	10,777.	3,592.	3,593
10	Payroll taxes	36,960.	22,176.	7,392.	7,392
11	Fees for services (nonemployees):			·	, , , , , , , , , , , , , , , , , , ,
а	Management				
b	Legal	26,847.	21,478.	5,369.	
С	Accounting	31,645.	25,316.	6,329.	
d	Lobbying				
е	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.)	181,228.	63,911.	31,393.	85,92 <u>4</u> 35,671
12	Advertising and promotion	35,671.			35,671
13	Office expenses	11,921.		11,921.	
14	Information technology	48,454.	31,990.	1,963.	14,501
15	Royalties	4 000		1 000	
16	Occupancy	1,290.	4 522	1,290.	
17	Travel	2,933.	1,733.	1,200.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	150 044	156 510	2 526	
19	Conferences, conventions, and meetings	159,044.	156,518.	2,526.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,185.		3,185.	
23	Other expanses, Itamiza expanses not covered	3,103.		3,103.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) FUNDRAISING	18,222.			18,222
a b	TAXES	10.		10.	10,222
C		100		10.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,060,931.	2,632,142.	169,828.	258,961
26	Joint costs. Complete this line only if the organization	.,,	, ,	7 - 7	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2019)

Pa	rt X	Balance Sheet	
		Check if Schedule O contains a response or note to any line in this Part	x
			(A) (B) Beginning of year End of year
	1	Cash - non-interest-bearing	7,965,136. 1 6,823,210
	2	Savings and temporary cash investments	
	3	Pledges and grants receivable, net	3
	4	Accounts receivable, net	
	5	Loans and other receivables from any current or former officer, director,	
		trustee, key employee, creator or founder, substantial contributor, or 35%	%
		controlled entity or family member of any of these persons	5
	6	Loans and other receivables from other disqualified persons (as defined	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)) 6
ţ	7	Notes and loans receivable, net	7
Assets	8	Inventories for sale or use	
Ä	9	Prepaid expenses and deferred charges	
	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	
	12	Investments - other securities. See Part IV, line 11	12
	13	Investments - program-related. See Part IV, line 11	13
	14	Intangible assets	
	15	Other assets. See Part IV, line 11	15
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,971,322. ₁₆ 7,489,877
	17	Accounts payable and accrued expenses	16,726. 17 32,435
	18	Grants payable	2,980,959. 18 1,258,123
	19	Deferred revenue	
	20	Tax-exempt bond liabilities	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21
es	22	Loans and other payables to any current or former officer, director,	
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%	%
Liabilities		controlled entity or family member of any of these persons	22
_	23	Secured mortgages and notes payable to unrelated third parties	
	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	
	26	Total liabilities. Add lines 17 through 25	2,997,685. 26 1,290,558
S		Organizations that follow FASB ASC 958, check here	
če		and complete lines 27, 28, 32, and 33.	
alar	27	Net assets without donor restrictions	2,642,840. 27 2,752,611 2,330,797. 28 3,446,708
Ä	28	Net assets with donor restrictions	2,330,797. 28 3,446,708
un n		Organizations that do not follow FASB ASC 958, check here	
F F		and complete lines 29 through 33.	
ts c	29	Capital stock or trust principal, or current funds	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	
Š	32	Total net assets or fund balances	
	33	Total liabilities and net assets/fund balances	7,971,322. 33 $7,489,877$

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets				`	<u> </u>
	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			6,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,06	0,9	31.
3	Revenue less expenses. Subtract line 2 from line 1	3			5,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,97	3,6	37.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6	,19	9,3	19.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		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					
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	d 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 X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit			
	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 required	ired auc	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

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

Employer identification number Name of the organization OPEN MEDICINE FOUNDATION, INC. 26-4712664 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(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). 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 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.) 8 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: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 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 II, 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1,869,844.	1,627,284.	2,656,038.	8,903,857.	4,253,049.	19,310,072.				
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	1,869,844.	1,627,284.	2,656,038.	8,903,857.	4,253,049.	19,310,072.				
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)						8,414,295.				
	Public support. Subtract line 5 from line 4.						10,895,777.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7	Amounts from line 4	1,869,844.	1,627,284.	2,656,038.	8,903,857.	4,253,049.	19,310,072.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	223.	459.	1,069.	4,938.	33,439.	40,128.				
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	1 650				105	1 005				
	assets (Explain in Part VI.)	1,650.				125.	1,775.				
11							19,351,975.				
12	Gross receipts from related activities,		,			12					
13	First five years. If the Form 990 is for										
500	organization, check this box and stopetion C. Computation of Publ	heret Per	rcentage				P				
				aluman (f))		14	56.30 %				
	Public support percentage for 2019 (15	46.19 %				
15	Public support percentage from 2018 33 1/3% support test - 2019. If the d										
10a	stop here. The organization qualifies	•		•		•					
h	33 1/3% support test - 2018. If the o										
, L	and stop here. The organization qual										
179	10% -facts-and-circumstances tes										
17 0	and if the organization meets the "fac	•					•				
	meets the "facts-and-circumstances"										
h	10% -facts-and-circumstances tes										
N	more, and if the organization meets the	-									
			•								
18		organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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) 2019

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.)

Se	ction A. Public Support	, ,	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	zation,
_							>
	ction C. Computation of Publ					11	
	Public support percentage for 2019 (15	<u>%</u>
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inve					11	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2018. If the	•			•	·	
00	line 18 is not more than 33 1/3%, che						
20	Private tolingation if the organization	IN CHACK 2	DOY OD IIDA 1/1 10	ra or iun chackt	THE DAY AND COO IN	CTRUCTIONS	

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 (as 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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	(donumod)		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		
С	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		
	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		1
Sec	tion C. Type II Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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			
	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			
	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			
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. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	5).	
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.	3a		
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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust oi	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must c			
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	ally integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V Type III Non-Functionally Integrated 50)9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		· ———	Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.

2019
Open to Public Inspection

Name of the organization

Employer identification number

	EN MEDICINE F					26-47126	
Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered '	Yes" on
	Form 990, Part IV						
1				ds to substantiate the amount of its gra] T
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? L	Yes X No
•	For eventualisms Dage	wile a in Doubl/dea					4a:ala 4laa
2	United States.	ribe in Part v the	e organization s	procedures for monitoring the use of it	s grants and of	iner assistance ou	tside trie
3		he following Part	· I line 3 table ca	an be duplicated if additional space is r	habaar		
	(a) Region	(b) Number of		(d) Activities conducted in the region		/ity listed in (d)	(f) Total
	., •	offices	employees	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EURC	PE		3	PROGRAM SERVICES	RESEARCH		374,300.
						VICEG AND	
מוזים	-SAHARAN AFRICA		1		PATIENT SER AWARENESS	VICES AND	5,000.
ООБ	DANAMAN AFRICA			ROGRAM BERVICES	AWARENESS		3,000.
		-					
3 a	Subtotal	0	4				379,300.
	Total from continuation						,
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	1.01.)	1 ^	l 4				270 200

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 OPEN MEDICINE FOUNDATION, INC. 26–4712664

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 any 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, FM) appraisal, other)
		EUROPE	RESEARCH	28,300.	WIRE	.0		
		EUROPE	RESEARCH	326,000.WIRE	WIRE	.0		
		SOUTH AFRICA	RESEARCH	5,000.WIRE	WIRE	.0		
		EUROPE	RESEARCH	20,000.WIRE	WIRE	.0		
 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has 3 Enter total number of other organizations or entities 	recipient organization ch the grantee or cou	ons listed above that are unsel has provided a secon antities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, er	recognized as tax-e	xempt		
	טוויסו טויאמייים טוואס	סו פוונונים					PodoS	Schadula E (Form 990) 201

Page 3

Schedule F (Form 990) 2019 OPEN MEDICINE

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.

	 	 	1	I	I	I	I	I	I	<u>_</u>
(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2019
(g) Description of noncash assistance										Sched
(f) Amount of noncash assistance	.0	.0								
(e) Manner of cash disbursement	WIRE	WIRE								
(d) Amount of cash grant	374,300.WIRE	5,000,5								
(c) Number of recipients	0	0								
(b) Region	EUROPE	SUB-SAHARAN AFRICA								
(a) Type of grant or assistance	RESEARCH GRANTS	PATIENT SERVICES & AWARENESS								

Par	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)

Schedule F (Form 990) 2019

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:

ALL GRANTEES REQUESTING RESEARCH FUNDING FROM THE ORGANIZATION MUST DO SO UNDER AN APPROVED GRANT. ALL GRANT PROPOSALS MUST BE APPROVED BY BOTH THE SCIENTIFIC ADVISORY BOARD EXECUTIVE COMMITTEE AND THE ORGANIZATION'S FULL FOUNDATION BOARD.

ONCE THE GRANTS ARE APPROVED, GRANTEES ARE REQUIRED TO COMPLETE A GRANT REQUEST FORM ALONG WITH ALL RELEVANT DOCUMENTATION (PROJECT INFORMATION, PORTION OF GRANT COMMITMENT BEING REQUESTED, ETC).

THE ORGANIZATION'S TREASURER WORKS WITH THE CEO, AND KEY CONTACTS AT THE GRANTEE'S INSTITUTION TO CONFIRM AND VALIDATE ALL GRANTEE INFORMATION. A PAYMENT SCHEDULE IS AGREED BY BOTH THE ORGANIZATION AND GRANTEE. FUNDS ARE THEN DISBURSED ALONG WITH THE ORIGINAL GRANT REQUEST FORM, AND A LETTER OR EMAIL FROM THE ORGANIZATION CONFIRMING THE INTENDED USE OF THE AND A REQUEST FOR LETTER/EMAIL CONFIRMING RECEIPT OF FUNDS. FUNDS,

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, AND RECONCILED ON A REGULAR, ONGOING BASIS.

SCHEDULE (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	2019	Open to Public	Inspection

		CO WWW.II.	9.904/1 0111500	i tilo latost illioi il	adoli.		
Name of the organization OPEN MEDICINE		FOUNDATION, INC	•				Employer identification number $26-4712664$
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance?	tance?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II 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	Oomestic Organi	zations and Domestic	Governments. C	omplete if the orga	nization answered "Y	es" 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	5,000. Part II can	be duplicated if additi	onal space is neec	Jed.			
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DAVID TULLER: UNIVERSITY OF							
CALIFORNIA BERKELEY FOUNDATION -							
1995 UNIVERSITY AVE., SUITE 401 -							PATIENT SERVICES AND
BERKELEY, CA 94704	94-6090626	501C3	2,000.	• 0			AWARENESS
MEACTION NETWORK							
3900 SAN FERNANDO RD							PATIENT SERVICES AND
GLENDALE, CA 91204	47-4011296	501c3	5,000.	0			AWARENESS
STANFORD UNIVERSITY - CHEMICAL							
ENGINEERING DEPARTMENT - 443 VIA							
ORTEGA, SUITE 129 - STANFORD, CA							
94305	94-1156365	501C3	100,000.	0			RED BLOOD CELL STUDIES
STANFORD UNIVERSITY - MECHANICAL							
ENGINEERING DEPARTMENT - 440							
ESCONDIDO MALL - STANFORD, CA							
94305	94-1156365	501C3	68,000.	0			RED BLOOD CELL STUDIES
THE HOLLINDATION OF SAN JOSE STATE							
E CALLO CONTINUE AND ENCO METO CENTRAL							
UNIVERSIII - UNE WASHINGIUN SQUARE - SAN JOSE CA 95192	83-0403915	50103	38 808	0			RED BLOOD CELL STUDIES
S OF							
CALIFORNIA - 4418 ENGINEERING							
HALL, UNIVERSITY OF CALIFORNIA -							DIAGNOSTIC TECHNOLOGIES
IRVINE, CA 92697-2625	95-2226406	501C3	250,000.	0			FOR BIOMARKERS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	id government or	ganizations listed in th					7.
3 Enter total number of other organizations listed in the line 1 table	listed in the line	1 table	- :				

Schedule I (Form 990) (2019)

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Page 1

Schedule (Form 990) OPEN MEDICINE FOUNDATION, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Schedule I (Form 990) BIOINFORMATICS, METABOLIC RESEARCH, AND RED BLOOD TRAP STUDIES, STANDFORD (h) Purpose of grant or assistance ME/CFS COLLABORATIVE (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of non-cash assistance (d) Amount of cash grant 950,000 (c) IRC section if applicable 501C3 94-1156365 (**p**) EIN STANFORD CFS RESEARCH CENTER (a) Name and address of organization or government PALO ALTO, CA 94304-5503 3165 PORTER DRIVE

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Part III

26-4712664

(f) Description of noncash assistance (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. STUDIES, STANDFORD ME/CFS COLLABORATIVE RESEARCH, AND RED BLOOD CELL (H) PURPOSE OF GRANT OR ASSISTANCE: BIOINFORMATICS, METABOLIC TRAP NAME OF ORGANIZATION OR GOVERNMENT: STANFORD CFS RESEARCH CENTER (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance STUDIES Schedule I (Form 990) (2019)

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

2019 Open to Public

OMB No. 1545-0047

Open to Public 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 CEO/PRESIDENT THEN

DISTRIBUTES THE COPIES OF THE FORM 990 FINAL DRAFT TO THE BOARD. THE BOARD

WILL 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.

PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS DURING THE YEAR ENDED DECEMBER 31, 2019.

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

Schedule O (Form 990 or 990-EZ) (2019)