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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u> </u>	or the	e 2023 calendar year, or tax year beginning and	enaing		
B	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	e Doing business as		26-47126	64
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final return	29302 LARO DRIVE		650-242-	8669
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,058,625.
	Amen return	ded AGOURA HILLS, CA 91301		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: KIMBERLY HICKS		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—
T-	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Websi			H(c) Group exemptio	
_		organization: X Corporation Trust Association Other	1 Year	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	State of legal domicile; CA
	art I	Summary	L 1001	or formation.	Vi Otato or logar dominino,
	1	Briefly describe the organization's mission or most significant activities: FUND	TNG CO	LLABORTIVE N	MEDICAL.
çe	'	RESEARCH AND EDUCATION FOR MULTI-SYSTEM C			
Jan	2	Check this box if the organization discontinued its operations or dispose			
Je.	3	-			8
é	4				6
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			6
Activities & Governance	6	Total number of volunteers (estimate if necessary)			0.
Ac	/ a			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		3,985,928.	5,888,844.
en.	9	Program service revenue (Part VIII, line 2g)		0.	172 024
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-5,686.	173,834.
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,568.	-4,053.	
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,987,810.	6,058,625.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,450,094.	4,638,675.
	1	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)		910,979.	1,089,176.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.
ed x	. b	Total fundraising expenses (Part IX, column (D), line 25) 598,1	54.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		475,769.	576,251.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,836,842.	6,304,102.
	19	Revenue less expenses. Subtract line 18 from line 12		-2,849,032.	-245,477.
200	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		8,684,671.	7,790,244.
ASS	21	Total liabilities (Part X, line 26)		3,809,798.	3,160,848.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		4,874,873.	4,629,396.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her		KIMBERLY HICKS, COO/CFO/TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	j	ANTHONY P. BOZANIC, CPA	if self-employ	P01314417	
	parer	Firm's name PDM, LLP			3-0783700
	Only	Firm's address 3460 TORRANCE BLVD., STE 200		, iiii o Liii	
	.	TORRANCE, CA 90503		Phone no (3	10) 540-4118
May	/ the II	RS discuss this return with the preparer shown above? See instructions		1 Holle Ho. (5	X Yes No
u	, 11	and the second control of the second			

Pai	t 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:
	FUNDS COLLABORATIVE MEDICAL RESEARCH AND EDUCATION FOR MULTI-SYSTEM
	CHRONIC COMPLEX DISEASES.
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? 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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$5, 452, 667. including grants of \$4, 638, 675.) (Revenue \$)
	THE ORGANIZATION SUPPORTS RESEARCH THROUGH 6 COLLABORATIVE RESEARCH
	CENTERS AND BY BRINGING TOGETHER A COMMUNITY OF "THOUGHT LEADERS,"
	PATIENTS, CLINICIANS AND RESEARCHERS FOR TARGETED INITIATIVES. OPEN
	MEDICINE FOUNDATION IS CURRENTLY FOCUSED ON RESEARCHING MYALGIC
	ENCEPHALOMYELITIS/CHRONIC FATIGUE SYNDROME ("ME/CFS"), POST-TREATMENT
	LYME DISEASE, AND LONG COVID, IN HOPES OF ALSO REVEALING ANSWERS TO
	OTHER MULTI SYSTEM CHRONIC COMPLEX DISEASES THAT SHARE SIMILAR
	SYMPTOMS. ITS 4 PRIMARY GOALS ARE TO: 1).FRAME CLEAR DISEASE MECHANISMS
	AND MODELS. 2).FIND EFFECTIVE TREATMENT AND DIAGNOSTIC MARKERS. 3).
	INCREASE ACCURRATE DIAGNOSES.
	4). ENSURE ACCESS TO QUALITY CARE.
4b	(Code:) (Expenses \$) (Revenue \$)
1.0	/ (Code
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-1	Other program convices (Deceribe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 5, 452, 667.
<u>4e</u>	Total program service expenses 5,452,667. Form 990 (2023)
	Form 990 (2023)

Form 990 (2023) OPEN MEDICINE FOUNDATION 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? See instructions	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	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		
'		7		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
	Schedule D, Part III	8_		<u> </u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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		X
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
c	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		x
ч	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			
u		11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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		37	
	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		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	Х	
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			 -
		18		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19		40		x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
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	

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Form 990 (2023) OPEN MEDICINE FOUNDATION

Part IV Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the examination report more than \$5,000 of grants or other assistance to exfor demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	· · ·	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 40	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
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			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	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			х
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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OPEN MEDICINE FOUNDATION 26-4712664 Page 5 Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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?

Gross income from members or shareholders

Gross income from other sources. (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(12) organizations. Enter:

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
 c Enter the amount of reserves on hand

4a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see the instructions and file Form 4720, Schedule N. $\,$

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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X

Х

X

12a

13a

14a

15

17

11a

Par	t VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	hrough	7b below, and for a	"No"	respon	se
		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C					
		Check if Schedule O contains a response or note to any line in this Part VI					X
Sec		A. Governing Body and Management					
						Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	8			
		e are material differences in voting rights among members of the governing body, or if the governing		-			
		delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	-	the number of voting members included on line 1a, above, who are independent	1b	6			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship			1		
_		n dinastan turatan an kan asastan 20	o with t	arry otrici	2		Х
3		r, director, trustee, or key employee? ne organization delegate control over management duties customarily performed by or under the	a dirac	t euponieion			
3		cers, directors, trustees, or key employees to a management company or other person?	e unec	supervision	3		х
4		ne organization make any significant changes to its governing documents since the prior Form S		s filed?	4		X
_					5		X
5		ne organization become aware during the year of a significant diversion of the organization's ass	octo!		6		X
6		ne organization have members or stockholders?			 		
7a		ne organization have members, stockholders, or other persons who had the power to elect or appropriate heads?					х
		members of the governing body?			7a		
b		ny governance decisions of the organization reserved to (or subject to approval by) members, s					
_		ns other than the governing body?			7b		X
8		e organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v	
a		overning body?			8a	X	
b		committee with authority to act on behalf of the governing body?			8b	Λ	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					3,7
800	organ	ization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
sec	uon E	3. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
						Yes	No
		ne organization have local chapters, branches, or affiliates?			10a		X
b		s," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
		ranches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
11a		he organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х	
b		ribe on Schedule O the process, if any, used by the organization to review this Form 990.				7.7	
12a		ne organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did th	ne organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe			
		hedule O how this was done			12c	X	
13		ne organization have a written whistleblower policy?			13	X	
14		e organization have a written document retention and destruction policy?			14	Х	
15	Did th	ne process for determining compensation of the following persons include a review and approva	al by ind	dependent			
		ns, comparability data, and contemporaneous substantiation of the deliberation and decision?					
		rganization's CEO, Executive Director, or top management official			15a	X	
b		officers or key employees of the organization			15b	Х	
		s" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did th	ne organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ith a			
		le entity during the year?			16a		X
b	If "Ye	s," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation			
	-	it venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's			
		pt status with respect to such arrangements?			16b		
Sec		C. Disclosure					
17		ne states with which a copy of this Form 990 is required to be filed <u>CA, CO, CT, DC, F</u>					
18		on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	s only)	availal	ole
		iblic inspection. Indicate how you made these available. Check all that apply.					
	X	Own website Another's website X Upon request Other (explain	n on Sc	hedule O)			
19	Descr	ibe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of interest policy, and	d finan	cial	
	stater	nents available to the public during the tax year.					
20		the name, address, and telephone number of the person who possesses the organization's book	oks and	d records			
		ASA GROUP - (208) 287-4777					
	175	O W FRONT STREET BOISE ID 83702					

11350509 251666 OPE-8000

Form 990 (2023) OPEN ME
Part VIII Statement of Revenue

			Check if Schedule O contains	a resnonse (or note to any lin	ne in this Part VIII			
			Officer if Schedule O contains	a response t	or note to any iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
		b	Membership dues	1b					
		С	Fundraising events	1c					
			Related organizations						
			Government grants (contributions)	1e	187,710.				
			All other contributions, gifts, grants, an		•				
			similar amounts not included above	" _{1f} 5,	701,134.				
				1g \$	294,852.	-			
ou		_	Noncash contributions included in lines 1a-1f	,		5,888,844.			
O a					5,000,044.				
Program Service Revenue				Business Code					
	2	а							
ēΞ		b							
S Z		С							
am		d							
P.S.		е							
Pr		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3	<u> </u>	Investment income (including divid						
	·					173,834.			173,834.
						173,034.			173,034.
	4		Income from investment of tax-exe						
	5		Royalties	(i) Real					
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a			-			
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i)	Securities	(ii) Other				
			assets other than inventory 7a						
			Less: cost or other basis						
<u>o</u>			and sales expenses 7b						
Revenue			Gain or (loss) 7c						
ě			Net gain or (loss)						
<u>بر</u> ۳			Gross income from fundraising events						
ther	8		•	,					
ŏ			including \$	_					
			contributions reported on line 1c).						
			Part IV, line 18			-			
			Less: direct expenses						
		С	Net income or (loss) from fundraising	ng events					
	9	а	Gross income from gaming activitie						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from gaming a						
			Gross sales of inventory, less retur						
		_	and allowances	I					
		h	Less: cost of goods sold						
$\overline{}$		_	Net income or (loss) from sales of i	inventory	Business Code				
S			OMUED DEVENUE			4 052	4 052		
eo e	11		OTHER REVENUE		900099	-4,053.	-4,053.		
lan en		b							
Miscellaneous Revenue		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d			-4,053.			
	12		Total revenue. See instructions			6,058,625.	-4,053.	0.	173,834.

Form 990 (2023) OPEN MEDICINE FOUNDATION Part IX Statement of Functional Expenses

C	ion 501(a)(2) and 501(a)(4) and 501	lata all agricultura All art	u overenimeticus or other	anlata ank (A)	
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,165,451.	2,165,451.		
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	2,473,224.	2,473,224.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	775,000.	304,668.	127,406.	342,926.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	232,327.	91,332.	38,194.	102,801.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,312.	8,378.	3,504.	9,430.
10	Payroll taxes	60,537.	23,798.	9,952.	26,787.
11	Fees for services (nonemployees):				<u> </u>
а	Management				
b		12,412.	9,930.	2,482.	
	Accounting	60,722.	48,578.	12,144.	
	Lobbying				
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.)	288,084.	212,131.	40,651.	35,302.
12	Advertising and promotion	61,766.	30,883.		30,883.
13	Office expenses	18,205.		910.	17,295.
14	Information technology	46,481.	13,944.	9,296.	23,241.
15	Royalties		·		•
16	Occupancy				
17	Travel	67,279.	63,915.		3,364.
18	Payments of travel or entertainment expenses	,	,		•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,542.		8,542.	
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), amount, list line 24e expenses on Schedule O.)				
а	FUNDRAISING	6,125.			6,125.
b	WEBSITE	4,927.	4,927.		3,34
C	IN-KIND LABOR	1,508.	1,508.		
d	TAXES AND LICENSES	200.	=,000	200.	
e e	All other expenses	200.		2000	
25	Total functional expenses. Add lines 1 through 24e	6,304,102.	5,452,667.	253,281.	598,154.
26	Joint costs. Complete this line only if the organization	-,,	-,,,,,,,,,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	[] 11 following oot 30-2 (A00 330-720)				000

Form **990** (2023)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,859,973.	1	4,245,423.
	2	Savings and temporary cash investments	358,109.	2	921,079
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,332,448.	4	
	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	
ε	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	20,130
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	1,134,141.	11	2,603,612
	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 33)	8,684,671.	16	7,790,244
	17	Accounts payable and accrued expenses	31,101.	17	17,303
	18	Grants payable	3,778,697.	18	3,143,545
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2 000 700	25	2 1 6 0 0 4 0
	26	Total liabilities. Add lines 17 through 25	3,809,798.	26	3,160,848
s		Organizations that follow FASB ASC 958, check here			
)Ce		and complete lines 27, 28, 32, and 33.	2 005 160		2 200 220
alar	27	Net assets without donor restrictions	2,095,168. 2,779,705.	27	2,388,230
Ä	28	Net assets with donor restrictions	2,119,105.	28	2,241,166
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	4,874,873.	31	1 620 206
ž	32	Total net assets or fund balances	8,684,671.	32	4,629,396.
	33	Total liabilities and net assets/fund balances	0,004,0/1.	33	7,790,244.

Form **990** (2023)

Par	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		58,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		04,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		45,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,8	74,8	73.
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	4,6	29,3	96.
Pai	t 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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		з	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3		
			Fo	rm 990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public

Inspection
Employer identification number

OPEN MEDICINE FOUNDATION 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 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. 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 above (see instructions))

(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4253049.	4049835.	5770635.	3985928.	5888844.	23948291.
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	4253049.	4049835.	5770635.	3985928.	5888844.	23948291.
	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)						1779911.
6	Public support. Subtract line 5 from line 4.						22168380.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4253049.	4049835.	5770635.	3985928.	5888844.	23948291.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	33,439.	9,037.	39,364.	-5,686.	173,834.	249,988.
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.)	125.	4,098.	17,683.	7,568.	-4,053.	25,421.
11	Total support. Add lines 7 through 10		•				25,421. 24223700.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for the			ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	91.52 %
	Public support percentage from 2022					15	75.49 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Cabadula A	(Form 990) 2023

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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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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		
01		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
9c		
10a		
10b		
ile A (Forn	n 990)	2023

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Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	lion o. 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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
	non 277 m 1, po m capper mig engamente		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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 on line 2, above, 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 year (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 governmental entity (see in	nstruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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	Ol-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

3b

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
HEIDER FAMILY FOUNDATION	900,000.	415,526.
STUPSKI FAMILY FUND	1,000,000.	515,526.
STUPSKI FOUNDATION	1,333,333.	848,859.
Total Excess Contributions to Schedule A, Part II, Line 5		1,779,911.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

OPEN MEDICINE FOUNDATION

Employer identification number 26-4712664

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tre	asures, o	r Other	Simil	ar Assets	Continu	ued)
3	Using the organization's acquisition, accession								(OOTHER)	
_	collection items (check all that apply).	.,	o, oo				9			
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	e			mange progre					
c	Preservation for future generations	J								
4	Provide a description of the organization's colle	ections and explain	how th	ev further th	ne organizatio	nn's exem	nnt nurn	ose in Part	XIII	
5	During the year, did the organization solicit or r			•	-			ooo iirr art	/XIII.	
Ŭ	to be sold to raise funds rather than to be main								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange									110
	reported an amount on Form 990, Part			organization	1 4110110104	100 0111	01111 00	o, r are rv, n	,	
1a	Is the organization an agent, trustee, custodian		diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII an									
-	The state of the s								Amount	
c	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on For								Yes	No
	If "Yes," explain the arrangement in Part XIII. C						•		_	
Par										
		(a) Current year		Prior year	(c) Two yea			e years back	(e) Four	years back
19	Beginning of year balance	(-,	(-)	,	(-, ,		(-,	,	(-,	,
b	Contributions									
	Net investment earnings, gains, and losses									
C C										
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		- /!: 4		\\					
2	Provide the estimated percentage of the currer	nt year end balance	•	g, column (a)) neid as:					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С	Term endowment%									
_	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the possess	sion of the organiza	ition tha	t are held ar	nd administer	red for th	е		Г	Vaa Na
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization								3b	
Do:	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipme		wment f	unds.						
Pai) David IV	/ line 11 = 0		N David V	li 10			
	Complete if the organization answered	1	•	i						
	Description of property	(a) Cost or o			or other		ccumula	I .	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	oreciatio	n		
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
<u>e</u>	Other									
Total	. Add lines 1a through 1e. (Column (d) must eau	ual Form 990 Part	X line 1	Oc column	(B))					0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 OPEN MEDICING Part VII Investments - Other Securities	E FOUNDATION	26	-4712664 Page 3
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1b. See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(4) Financial desirations	(-)	(0)	
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	on Form 000 Dort IV line 1	1. Con Form 000 Port V line 12	
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) book value	(C) Method of Valuation. Cost of end	d-or-year market value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	T
(a) [Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

Pa	rt XI F	Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per Re	turn	
	C	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total rev	venue, gains, and other support per audited financial statements			1	8,327,136.
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unre	ealized gains (losses) on investments	2a			
b	Donated	services and use of facilities	2b			
С	Recover	ries of prior year grants	2c			
d		Describe in Part XIII.)		2,268,511.		
е	Add line	s 2a through 2d			2e	2,268,511.
3	Subtrac	t line 2e from line 1			3	6,058,625.
4	Amount	s included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (D	escribe in Part XIII.)	4b			
С	Add line	s 4a and 4b			4c	0.
5	Total rev	venue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State			5	6,058,625.
Pa	rt XII F	Reconciliation of Expenses per Audited Financial State	ments With	n Expenses per F	Returi	n
	C	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total ex	penses and losses per audited financial statements			1	7,291,036.
2	Amount	s included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated	services and use of facilities	2a			
b	Prior yea	ar adjustments	2b			
С	Other lo	sses	2c			
d	Other (D	escribe in Part XIII.)	2d	986,934.		
е	Add line	s 2a through 2d			2e	986,934.
3	Subtrac	t line 2e from line 1			3	6,304,102.
4		s included on Form 990, Part IX, line 25, but not on line 1:				
а	Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (D	escribe in Part XIII.)	4b			
С	Add line	s 4a and 4b			4c	0.
5	Total av	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,304,102.

Part XIII Supplemental Information

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

PART X, LINE 2:

UNCERTAIN TAX POSITIONS FOOTNOTE PER AUDITED FINANCIAL STATEMENTS: IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF SUSTAINED IN AN AUDIT, BASED ON THE TECHNICAL MERITS OF THE BEING POSITION. TO DATE, THE ORGANIZATION HAD NO TAX POSITIONS WHICH, IN THE OPINION OF MANAGEMENT, WILL BE REVERSED IF CHALLENGED BY A TAXING AUTHORITY. DURING THE YEAR, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)
PART XI, LINE 2D:
CONSOLIDATED INDEPENDENT AUDITED FINANCIAL STATEMENTS INCLUDES: THE
CANADIAN CORPORATION AND THE AUSTRALIAN LIMITED ENTITY. BOTH THE CANADIAN
CORPORATION AND THE AUSTRALIAN LIMITED ENTITY SHARE TWO BOARD MEMBERS AND
THE DEPENDENCY ON THE FOUNDATION FOR ITS BACK OFFICE AND ADMINISTRATIVE
FUNCTION.
PART XII, LINE 2D:
CONSOLIDATED INDEPENDENT AUDITED FINANCIAL STATEMENTS INCLUDES: THE
CANADIAN CORPORATION AND THE AUSTRALIAN LIMITED ENTITY. BOTH THE CANADIAN
CORPORATION AND THE AUSTRALIAN LIMITED ENTITY SHARE TWO BOARD MEMBERS AND
THE DEPENDENCY ON THE FOUNDATION FOR ITS BACK OFFICE AND ADMINISTRATIVE
FUNCTION.

SCHEDULE F (Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the organization

Employer identification number

OPEN MEDICINE F	OUNDATION	N			26-471266	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organi	zation answered "Y	es" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other a	ssistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assist	ance? X	Yes 🔲 No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and oth	er assistance outsi	de the
United States.			C			
	he following Part	I. line 3 table ca	ın be duplicated if additional space is n	eeded.)		
(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 prog	ram service,	expenditures
	in the region		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
		in the region		GRANTS FUND	RESEARCH	
				AND STUDIES		
				MULTI-SYSTEN		
NODELL AMEDICA			anang mo negratarang			617 700
NORTH AMERICA			GRANTS TO RECIPIENTS	COMPLEX DISE	RASES	617,708.
					DEGELD GW 111D	
					RESEARCH AND	
EUROPE (INCLUDING					MULTI-SYSTEM	
ICELAND & GREENLAND)			GRANTS TO RECIPIENTS	CHRONIC COM	PLEX DISEASES	1,723,126.
					RESEARCH AND	
EAST ASIA AND THE				STUDIES FOR	MULTI-SYSTEM	
PACIFIC			GRANTS TO RECIPIENTS	CHRONIC COME	PLEX DISEASES	132,390.
3 a Subtotal	0	0				2,473,224.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
	1	۱ .				0 472 224

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

Schedule F (Form 990) 2023

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, FMV appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &	UPPSALA - CRC					
			EQUIPMENT	13,970.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING	DI DG					
		ICELAND &	PLRC - PATHOPHYSIOLOGY OF					
		GREENLAND)	PEM	491,494.	WIRE TRANSFER	0.		
				, -		-		
		EUROPE (INCLUDING						
			PLRC - FORAMINAL					
		GREENLAND)	STENOSIS STUDY	300,800.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING	PLRC - FIBRIN					
		ICELAND &	AMYLOID MICROCLOTS					
		GREENLAND)	STUDY	354,051.	WIRE TRANSFER	0.		
		E3.05 3.013 335 555	NEEDLO WEDIGINE DOD					
		EAST ASIA AND THE PACIFIC	NETWORK MEDICINE FOR ME/CFS	20 020	WIRE TRANSFER	0.		
		PACIFIC	ME/CFS	20,029.	WIRE TRANSPER	0.		
		NORTH AMERICA	PLRC - MOSAICS STUDY	617,708.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	DOMINO - ME	164,576.	WIRE TRANSFER	0.		
				,				
		EUROPE (INCLUDING						
		ICELAND &	CHIEF MEDICAL OFFICER					
		GREENLAND)	- STIPEND	140,628.	WIRE TRANSFER	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	PLRC - MOSAICS STUDY	112,361.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	PLRC - MOSAICS	257,607.	WIRE TRANSFER	0.		

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.								
Type of grant or assistance	(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
	Part III can be duplicated if a	Part III can be duplicated if additional space is neede	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed. Type of grant or assistance (b) Region (c) Number of recipients cash grant (d) Amount of cash disbursement (f) Amount of noncash	Part III can be duplicated if additional space is needed. Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (d) Amount of cash disbursement (e) Manner of cash disbursement (f) Amount of noncash assistance	

Schedule F (Form 990) 2023 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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Page 5

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 PROPOSAL. ALL GRANT PROPOSALS MUST BE APPROVED FIRST BY THE APPROPRIATE COLLABORATIVE RESEARCH CENTER DIRECTOR, AND THEN BY BOTH THE SCIENTIFIC ADVISORY BOARD EXECUTIVE COMMITTEE AND THE ORGANIZATION'S FULL FOUNDATION BOARD.

ONCE THE GRANTS ARE APPROVED, THE ORGANIZATION'S COO/CFO/TREASURER WORKS WITH THE CEO/PRESIDENT, AND KEY CONTACTS AT THE GRANTEE'S INSTITUTION TO CONFIRM AND VALIDATE ALL GRANTEE INFORMATION. ONCE A PAYMENT SCHEDULE IS AGREED BY BOTH THE ORGANIZATION AND GRANTEE A GRANT AGREEMENT IS DISTRIBUTED FOR SIGNATURE ALONG WITH ALL RELEVANT PROJECT DOCUMENTATION. FUNDS ARE THEN DISBURSED ALONG WITH THE COUNTERSIGNED GRANT DOCUMENTATION, AND A LETTER OR EMAIL FROM THE ORGANIZATION CONFIRMING THE INTENDED USE OF THE FUNDS, AND A REQUEST FOR LETTER/EMAIL CONFIRMING RECEIPT OF FUNDS.

ALL GRANTEES ARE REQUIRED TO PROVIDE REGULAR UPDATES TO THE ORGANIZATION'S CEO/PRESIDENT ON PROJECT STATUS, AND THE ORGANIZATION'S COO/CFO/TREASURER WORKS WITH KEY CONTACTS AT EACH RECIPIENT INSTITUTION TO RECEIVE FINANCIAL UPDATES. FOR ANY GRANTS REQUIRING PAYMENTS TO THIRD-PARTY RESEARCH LABORATORIES, THE ORGANIZATION'S COO/CFO/TREASURER WILL WORK WITH THE GRANTEE AND THEIR LABORATORY PARTNERS TO ESTABLISH PURCHASE ORDERS WITH APPROVED VENDOR QUOTES, UNDER WHICH FUTURE INVOICE PAYMENTS WILL BE MADE.

ALL GRANT AND PURCHASE ORDER PAYMENTS ARE LOGGED AND TRACKED BY THE

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

Open to Public Inspection

Name of the organization	CINE FOUN	DAMTON					Employer identification number $26-4712664$
Part I General Information on Grants a		DATION					20-4/12004
1 Does the organization maintain records		amount of the grants	or assistance the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assis		-			-		
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization 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 addit	ional space is need	ed.			•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BATEMAN HORNE CENTER							
24 SOUTH 1100 EAST #205	87-0687610	E0102	300 000	0.			BHC CRC MEDICAL EDUCATION
SALT LAKE CITY, UT 84102	87-0687610	50163	300,000.	0.			BHC CRC MEDICAL EDUCATION
BETH ISRAEL DEACONESS MEDICAL CENTER, INC 330 BROOKLINE							
AVENUE - BOSTON, MA 02215	04-2103881	501C3	487,620.	0.			PLRC - SLEEP STUDY
INSILICA LABS, INC.							
428 MAYFIELD ROAD							
EASLEY, SC 29642	27-0255856		10,000.	0.			ITACONATE PROJECT
JOSH WHITKIN CONSULTING							
80 BAXLAND STREET							
HUNTER'S HILL, NSW , AUSTRALIA							PERSONALIZED TREATMENT
2110	54-0882406		13,985.	0.			TRIAL APP
SIMARON LLC							
800 SOUTHWOOD BLVD #107	00 0402040		100 550				L. (and prompted
INCLINE VILLAGE, NV 89451	88-0403942		120,772.	0.			ME/CFS RESEARCH
BOARD OF TRUSTEES OF THE LELAND							
STANFORD JUNIOR UNIVERSITY - 485							
BROADWAY - REDWOOD CITY, CA 94063-3136	94-1156365	50103	54,605.	0.			FAMILY OMICS STUDY
	1			1			
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	-						
Line total number of other organization	13 113 EU 11 E 11 E 11 E						<u>+</u> J•

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - 3601 4TH STREET, STOP 6271 - LUBBOCK, TX 79430	75-2668014		62,182.	0.			PLRC- MOSAICS STUDY
UCSF FOUNDATION 2001 THE EMBARCADERO 3RD FLOOR SAN FRANCISCO, CA 94143	94-2829914	501C3	500,000.	0.			PLRC - MONOCLONAL ANTIBODY TRIAL
MASSACHUSETTS GENERAL HOSPITAL 38 SIDNEY STREET SUITE 161 CAMBRIDGE, MA 02139	04-2697983	501C3	197,688.	0.		1	PLRC - NETWORK MEDICINE STUDY
WENZHONG XIAO 40460 SEVILLE CT FREMONT, CA 94539	62-0740492		150,000.	0.		1	COMPUTATION CRC RESEARCH STIPEND
DAVID SYSTROM 17 GLENGARY ROAD WINCHESTER, MA 01890	01-5481376		20,000.	0.			HARVARD CRC RESEARCH STIPEND
THE TRUSTEES OF BOSTON UNIVERSITY 715 ALBANY STREET BOSTON, MA 02118	04-2103547	501C3	15,526.	0.			PASS/CAT FINAL DELIVERABLES
CALIFORNIA ADVANCED LABELING, INC 46750 FREMONT BLVD SUITE#106 FREMONT, CA 94538	94-5386573		20,723.	0.			PO GMMBH4-LC-CALTW FOR BH4 STUDY
BRIGHAM & WOMEN'S HOSPITAL INC. 38 SIDNEY STREET SUITE 161 CAMBRIDGE, MA 02139	04-2312909		90,805.	0.			POST EXTERTIONAL MALAISE MUSCLE BIOPSY STUDY
EVIDENT SCIENTIFIC, INC 48 WOERD AVENUE WALTHAM, MA 02453	56-2538906		121,434.	0.			NEUTROPHIL STUDY

(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 assistar
Supplemental Information. Provide the information.	tion required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	Iditional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	OPEN MEDICIN	E FOUN	DATION		26-4	7126	564	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	8
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	294,852.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ch isn't required to be used f	or			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			T	
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OPEN MEDICINE FOUNDATION

Employer identification number 26-4712664

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

THE COO/CFO/TREASURER OBTAINS THE FINAL DRAFT OF THE FORM 990 FROM THE

ORGANIZATON'S THIRD-PARTY 990 PREPARER AND REVIEWS. THE COO/CFO/TREASURER

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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,CO,CT,DC,FL,GA,IL,KY,MA,MD,MI,MS,NC,NH,NJ,NM,OH,OK,OR,PA,RI,SC,TN,UT,VA
WA,WI,WV

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:

THERE HAVE BEEN NO CHANGES IN OVERSIGHT OR THE SELECTION PROCESS DURING

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023								
Name	of the organization		MEDICINE	FOUNDATION			Employer identification number 26-4712664	
THE	YEAR.							