Short Form

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 11 3 Membership dues and assessments 3 4 4 Investment income 5a 5b 5a Gross amount from sale of assets other than inventory 5a 5c 6 Gaming and fundraising events 5c 5c 6 Gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events (not including \$ 6b b Gross income from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 11 10 Grass sales of inventory (Subtract line 7b from line 7a) 8 9 11 10 Grass sales of inventory (Subtract	45-1150
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations). Denot enter Social Security numbers on this form as it may be made public. Department of the Treasery Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning 01-04.x013, and ending 12-31.x013 B Onch it aglicitatic C Name dragmation D Employer identification numb 46-1681.862 Itera change Number and state (or PD. bex. if mail is not delivered to anset address) Porobatic E Telephone number Itera change Number and state (or PD. bex. if mail is not delivered to anset address) Roombule E Telephone number Itera change Number and state (or PD. bex. if mail is not delivered to anset address) Roombule E Telephone number Itera change Number and state (or PD. bex. if mail is not delivered to anset address) Roombule E Telephone number Itera change Number and state (or PD. bex. if mail is not delivered to anset address) Roombule E Telephone number Itera change Number and state (or PD. bex. if mail is not delivered to anset address) Room of the organization is of the organization in the state of the mail or of treas of the organization in the state of the organization in the state of the organization is of the organization in the s	13
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18 Excess or (deficit) for the year (Subtract line 17 from line 9)	1 092
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end-of-year figure reported on prior year's return) 19	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	1,083

For Paperwork Reduction Act Notice, see the separate instructions.

_	m 990-EZ (2013) MICROBIOME HEALTH RESEAU	RCH INSTITUTE 1	INC	46-1	.681	862 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					_
	Check if the organization used Schedule O to respond to	any question in this Pa	<u>rt II • • • • • • • • • • • • • • • • • •</u>			••••• 🛛
			(A)	Beginning of year		(B) End of year
	Cash, savings, and investments		· · · · · ·	0	22	128,321
	Land and buildings		· · · · · · · -	0	23	0
	Other assets (describe in Schedule O)		· · · · · · · -	0	24 25	2,762
-	Total assets		· · · · · · · -	0	25	131,083
	Net assets or fund balances (line 27 of column (B) must agree	with line 21)		0	20	130,000
	art III Statement of Program Service Accomplis				21	1,083 Expenses
	Check if the organization used Schedule O to respond to	· ·		••••	(Beo	uired for section
Wh	at is the organization's primary exempt purpose? FACILITATE				1 .	c)(3) and 501(c)(4)
					· ·	nizations and section
	scribe the organization's program service accomplishments for each measured by expenses. In a clear and concise manner, describe the				-	(a)(1) trusts; optional
	sons benefited, and other relevant information for each program title				1	thers.)
28	PLEASE SEE SCHEDULE O					
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here ••	· · · · · ▶ 🔲	28a	10,241
29						
				<u>. </u>		
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here ••	•••••	29a	
30						
		l des feuters and a	h l . h	► □	00-	
01		cludes foreign grants, c		· · · · · · ► 📋	30a	
31		cludes foreign grants, c			31a	
32	Total program service expenses (add lines 28a through 31a)				312	10,241
	art IV List of Officers, Directors, Trustees, and Key Emplo					
	Check if the organization used Schedule O to respond to			•••••		· _
			(c) Reportable	(d) Health benefits	6,	
	(a) Name and title	(b) Average hours per week	compensation	contributions to emp	loyee	(e) Estimated amount of
		devoted to position	(Form W-2/1099-MIS (if not paid, enter			other compensation
JA	MES B BURGESS		· · · · · · · · · · · ·			
CL	ERK AND DIRECTOR	40		0	0	0
MA	RK SMITH					
PR	ESIDENT AND DIRECTOR	40		0	0	0
JAI	MES BURNHAM					
TR	EAURER AND DIRECTOR	5		0	0	0

Form 9	90-EZ (2013) MICROBIOME HEALTH RESEARCH INSTITUTE INC 46-16818	862	F	age 3
Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			<u>. </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			<u> </u>
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
•••	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	5.0		21
50 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 	504		
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40 a	section 4911 ; section 4912 ; section 4915			
h	Section 4917 P, Section 4957 P, Section 4955 P, Section 4958 excess benefit			
D				
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	104		v
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
ام	4955, and 4958			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.		V
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed MA			
42 a	The organization's books are in care of JAMES B BURGESS Telephone no. 4017-5 Located at 406 WOBURN STREET, WILMINGTON, MA		201	
L			Vaa	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
-	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.?	10-		V
C		42c		X
40	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here	1		
	and enter the amount of tax-exempt interest received or accrued during the tax year		Vee	Na
44 -			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			37
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			3.7
	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Х

Form 9	990-EZ (20	13) MICROBIOME HEAL	TH RESEARCH INST	ITUTE IN	IC		46-16	81862	F	Page 4
									Yes	No
46		organization engage, directly or indirectly, in		es on behalf	of or in oppo	sition				
Dec		lidates for public office? If "Yes," complete s						- 46		
Par		Section 501(c)(3) organizations						h han fau	1	
		All section 501(c)(3) organizations	s must answer quest	ions 47-4	90 and 52	, and cor	nplete the ta	bles for	lines	
		50 and 51.					1/1			
		Check if the organization used Sc	nequie O to respond	r to any qu	Jestion in	inis Pari	VI		1	· LL
									Yes	No
47		organization engage in lobbying activities o	. ,		-					
	,	"Yes," complete Schedule C, Part II						• 47		<u> </u>
48		rganization a school as described in sectior		•				• 48		Х
49a		organization make any transfers to an exer		organization	?			• 49a		
b		" was the related organization a section 527	-					- 49b		
50		ete this table for the organization's five higher								
	employ	ees) who each received more than \$100,00	0 of compensation from th	e organizatio T	on. If there is	none, ente	er "None."			
			(b) Average	.,	portable		th benefits, ns to employee	(e) Estimate	ed amou	nt of
		(a) Name and title of each employee	hours per week		pensation	benefit plan	s, and deferred	other co	mpensa	tion
			devoted to position	(Forms W-2	2/1099-MISC)	comp	pensation			
NON	E									
f	Total n	mber of other employees paid over \$100.0								
51		umber of other employees paid over \$100,0		ant contract	oro who ocoh	- roooivod n	aara than			
51	-	ete this table for the organization's five highe 00 of compensation from the organization.			ors who each	received i	lore than			
	φ100,0	of or compensation nom the organization.								
	(a)	Name and business address of each independent cont	ractor	(b) Type of service	е	(c)	Compensatio	n	
NON	F									
NON	8									
d	Total ni	umber of other independent contractors eac	h receiving over \$100,000		•					
52		organization complete Schedule A? Note:	•	nizations an	d 4947(a)(1)					
		mpt charitable trusts must attach a complet			•••••			X Yes		No
Under		of perjury, I declare that I have examined this return, inclu		id statements a	nd to the best of	mv knowledge	and belief it is			
		complete. Declaration of preparer (other than officer) is				ing informedge				
,.		JAMES B BURGESS		p. op a. or	. <u>,</u>					
Sig	n	Signature of officer				Date				
Her	I	JAMES B BURGESS, CLERK	AND DIRECTOR							
-		Type or print name and title	MD DIADOION							
	I	Print/Type preparer's name	Preparer's signature		Date		Check 🗴 if	PTIN		
Paid			RICK BORNSTEIN CP	Δ	03-25-20	14		P013489	200	
Prep		Firm's name RICK BORNSTEIN			pJ 2J-20		EIN ►	+010403		
-	Only	Firm's address 22 CUSTER STREE				1 11118				
	J,	JAMAICA PLAIN M				Phone	eno 617_0	90-7397	,	
May	the IRS (discuss this return with the preparer shown					· · · · · · · · · · · · · · · · · · ·	<u>70 / 739 /</u> X Yes		No
		access and retain with the preparer showing								(2012)

SCHI	EDUL	.E /	1
(Form	990 oi	r 990	-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047

(Fo	rm 99	0 or 990-EZ)	Complet	e if the organization is 4947(a)(1) no				on or a se	ction		20	013	
Depa	rtment	of the Treasury		Attach to Feedback	orm 990 o	r Form 990)-EZ.			F	Open t	o Pub	lic
		enue Service	Information	about Schedule A (Form 990 o	or 990-EZ) and	l its instructi	ons is at ww	w.irs.gov/fori	m990.		Insp	ection	
Nam	e of the	e organization							Employer	identificatio	n number		
			RESEARCH INST							681862			
Pa	irt I	Reason fo	r Public Charity	Status (All organiz	ations m	ust com	plete thi	s part.) S	See instr	ructions			
The	orga	nization is not a pri	vate foundation becau	se it is: (For lines 1 throu	igh 11, che	ck only one	e box.)						
1				ssociation of churches d		section 1	70(b)(1)(A	4)(i).					
2		A school describ	ed in section 170(b)(1)(A)(ii). (Attach Schedul	e E.)								
3		A hospital or a co	poperative hospital ser	vice organization descril	bed in sec	tion 170(b)(1)(A)(iii)						
4		A medical resear	ch organization opera	ted in conjunction with a	hospital d	escribed ir	section 1	170(b)(1)(A	4)(iii). Ente	er the			
	_	hospital's name,	city, and state:										
5		An organization of	perated for the benefit	of a college or university	owned or	operated b	y a goverr	nmental un	it describe	d in			
	_)(A)(iv). (Complete Pa	,									
6	Ц		-	governmental unit desc				-					
7		-		a substantial part of its su	pport from	a governn	nental unit	or from the	e general p	oublic			
_			tion 170(b)(1)(A)(vi).										
8		-		170(b)(1)(A)(vi). (Com									
9	Χ	-		(1) more than 33 1/3% of						-			
				mpt functions - subject to		-							
				and unrelated business ta		`		tax) from I	businesses	6			
40			•	30, 1975. See section		• •		->///					
10	H	-	-	d exclusively to test for p		-							
11		-		I exclusively for the bene					-	ocation			
				orted organizations desc s the type of supporting (section			
		a Type I	b Type		-			_	Type III-	Non-funtio	nally inte	arator	1
е			••	ganization is not controll					••		many me	gratee	•
•			-	her than one or more pub	-		-		-				
		or section 509(a)	-							- ()(-)			
f		()	· ,	termination from the IRS	that it is a	Type I, Typ	e II, or Typ	be III suppo	orting				
													••□
g		Since August 17,	2006, has the organization	ation accepted any gift or	- contributio	on from any	y of the						
		following persons	?										
		(i) A person wh	no directly or indirectly	controls, either alone or t	ogether wi	th persons	described	in (ii) and				Yes	No
		(iii) below, th	ne governing body of th	e supported organizatior	י? י						11g(i)		
		(ii) A family me	mber of a person desc	ribed in (i) above?							11g(ii)		
		(iii) A 35% contr	olled entity of a persor	described in (i) or (ii) ab	ove? .						11g(iii)		
h		Provide the follow	ving information about	the supported organization	on(s).				-				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the or		(v) Did yo	•	(vi) ls		(vii) Amou		netary
		organization		(described on lines 1-9 above or IRC section	in col. (i) lis		the organi col. (i) c		organizati (i) organiz		S	support	
				(see instructions))		1		port?	U.:	S.?	_		
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)											-		
(0)													
(D)													
(_)													
(E)													
Tota	al										1		

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

Schedule A (Form 990 or 990-EZ) 2013

	ule A (Form 990 or 990-EZ) 2013 MICR	DBIOME HEALT	H RESEARCH	INSTITUTE IN	C	46-1681862	Page 2
Pa							
	(Complete only if you chec						under
	Part III. If the organization f	alls to qualify u	inder the tests	listed below, p	blease complet	e Part III.)	
	tion A. Public Support Indar year (or fiscal year beginning in)	(-) 0000	(1-) 0010	(-) 0011	(4) 0040	(-) 0010	(1) T = 1 = 1
Caler	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
•	, i i i i i i i i i i i i i i i i i i i						
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
$\frac{6}{2}$	Public support. Subtract line 5 from line 4 · ·						
	tion B. Total Support	(-) 0000	(1.) 0010	(-) 0011	(4) 0010	(-) 0010	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Gross income from interest, dividends,						
U	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on ••••••						
10	3 <i>y</i>						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o						_
	organization, check this box and stop here						▶∐
	tion C. Computation of Public Su		-				
14	Public support percentage for 2013 (line 6, c						%
15	Public support percentage from 2012 Sched					· · · · · · · · · · · · · · · · · · ·	%
16a	33 1/3% support test - 2013. If the organiz						
b	box and stop here. The organization qualifi 33 1/3% support test - 2012. If the organiz						🗆
b	check this box and stop here. The organiza					-, 	🕨 🗖
17a	10%-facts-and-circumstances test - 2013	•		0			
a	10% or more, and if the organization meets	•					
	Part IV how the organization meets the "fact				• •		
	organization		-	-			▶ □
b	10%-facts-and-circumstances test - 2012						
-	15 is 10% or more, and if the organization r	0		-		-	
	Explain in Part IV how the organization meet				•	V	
						, 	🕨 🗌
18	Private foundation. If the organization did						
	instructions						· · · · • 🔲
EEA						Schedule A (Form 9	90 or 990-EZ) 2013

				INSTITUTE IN		46-1681862	Page 3
Pa	rt III Support Schedule for Org	ganizations Do	escribed in S	ection 509(a)(2	2)		
	(Complete only if you chec						Part II.
	If the organization fails to c	ualify under th	e tests listed l	below, please c	omplete Part II.	.)	
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					130	130
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 bus. under sec 513 • • • •					11,193	11,193
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5					11,323	11,323
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 •• Add lines 7a and 7b ••••••						
8	Public support (Subtract line 7c from line 6.)						11,323
Se	ction B. Total Support						11, 323
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2000	(2) 2010	(0) = 0 : 1	(4) =0 1 =	11,323	11,323
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources					1	1
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b • • • • • • • • • • • • • • • • • • •					1	1
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on \cdot -						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) • • • • • • • • • • • • • • • • • • •	0		0		11,324	11,324
14	First five years. If the Form 990 is for the or						► 5 7
50	organization, check this box and stop here ction C. Computation of Public Su					<u></u>	· · · · ▶ X
15	Public support percentage for 2013 (line 8, co		<u> </u>	f))		15	%
16	Public support percentage for 2013 (intel8, ct Public support percentage from 2012 Schedu	•		·)) · · · · · · · ·		16	/ <u>~</u> %
_	ction D. Computation of Investme						/0
17	Investment income percentage for 2013 (line			column (f))		17	%
18	Investment income percentage for 2013 (inc		-			18	^/8 %
	33 1/3% support tests - 2013. If the organiz					_	/0
194	17 is not more than 33 1/3%, check this box						
h	33 1/3% support tests - 2012. If the organiz	-					
5	line 18 is not more than 33 1/3%, check this						🕨 🗌
20	Private foundation. If the organization did n	•	-				. —

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. 2013

►

Name of the organization	Employer identification number
MICROBIOME HEALTH RESEARCH INSTITUTE INC	46-1681862
Organization type (check one):	

Filers of:	Sec	stion:
Form 990 or 990-EZ	Χ	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

🛛 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013
--

Name of organization

	Page	2
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MICROBIOME HEALTH RESEARCH INSTITUTE INC

46-1681862

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEIL & ANNA RASMUSSEN FOUNDATION 393 ESTABROOK RD CONCORD, MA 01742	\$125,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Employer identification number

MICROBIOME HEALTH RESEARCH INSTITUTE INC

46-1681862

01. General explanation attachment

PAGE 2, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

IN 2013, THE MICROBIOME HEALTH RESEARCH INSTITUTE (MHRI) LAUNCHED OPENBIOME, A STOOL BANK

DESIGNED TO ENABLE AND FACILITATE CLINICAL TREATMENT OF PATIENTS WITH RECURRENT C.

DIFFICILE AND TO SUPPORT RESEARCH INTO FUTURE THERAPIES. IN 2013, THE OPENBIOME PROJECT

DIRECTLY ENABLED THE TREATMENT OF 30 PATIENTS WITH MULTIPLY RECURRENT C. DIFFICILE AND

BUILT OUT SAFETY AND QUALITY PROTOCOLS THAT WILL BE USED IN THE TREATMENT OF HUNDREDS MORE

PATIENTS IN 2013.

02. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT	
	0.615	
LAB EXPENSES	2,615	
DONOR FEES	1,035	
FREIGHT AND SHIPPING SUPPLIES	4,350	
OFFICE EXPENSES	938	
OTHER OPERATING COSTS	903	

03.	Description	of	other	assets	(Part	II,	line	24)

CATEGORY	BEGINNING OF YEAR	END OF YEAR

ACCOUNTS RECEIVABLE

0

04. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
DEFERRED REVENUE	0	125,000

2,762

Schedule O (Form 990 or 990-EZ) (2013)		Page 2
Name of the organization		Employer identification number
MICROBIOME HEALTH RESEARCH INSTITUTE INC		46-1681862
OTHER CURRENT LIABILITIES	0	5,000



IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 01-04-2013, and ending 12-31-2013

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.
 Employer identification number

OMB No. 1545-1878

2013

Department of the Treasury
Internal Revenue Service
Name of exempt organization

MICROBIOME HEALTH RESEARCH INSTITUTE INC Name and title of officer

46-1681862

JAMES B BURGESS, CLERK AND DIRECTOR
Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a , 2a , 3a , 4a , or 5a , below, and the amount on that line for the return being filed with this form was blank, then
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on
the applicable line below. Do not complete more than 1 line in Part I.
1a Form 990 check here L b Total revenue, if any (Form 990, Part VIII, column (A), line 12)
2a Form 990-EZ check here Image: box is a constrained on the constrain
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) • • • • • • • • • • • • • • • • • •
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) · · · · · · 4b
5a Form 8868 check here 🕨 🗋 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) • • • • • • • • • • • • 5b
Part II Declaration and Signature Authorization of Officer
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the
organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this
return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions
involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.
Officer's PIN: check one box only
X I authorize RICK BORNSTEIN CPA to enter my PIN 81862 as my signature
X I authorize RICK BORNSTEIN CPA to enter my PIN 81862 as my signature ERO firm name Enter five numbers, but
do not enter all zeros
on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned
ERO to enter my PIN on the return's disclosure consent screen.
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return.
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.
Officer's signature Date 03-20-2014
Part III Certification and Authentication
ERO's EFIN/PIN. Enter your six-digit electronic filing identification
number (EFIN) followed by your five-digit self-selected PIN. 041044 78759
do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization
indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)
Information for Authorized IRS e-file Providers for Business Returns.
ERO's signature CYNDIE BARONE CFP RTRP Date 03-25-2014
ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

EEA