			EXTENDED TO AUGUST 15,	, 2016								
Forr	" 9	90	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			OMB No. 1545-0047						
Depa	Department of the Treasury Do not enter social security numbers on this form as it may be made public.											
	Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning and ending											
AF												
B C a	heck if pplicab	le:	forganization		D Employer identific	ation number						
X	Addre		OBIOME HEALTH RESEARCH INSTITUTE]	INC								
	Name Chang	ge Doing bu	usiness as		46-16	581862						
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) INNER BELT ROAD, FOURTH FLOOR	Room/suite	E Telephone number (617)	575-2201						
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,650,419.						
	Amer returr	ided COME	RVILLE, MA 02143-4456		H(a) Is this a group ret	urn						
	Appli tion	^{ca-} F Name a	nd address of principal officer: JAMES B. BURGESS		for subordinates?							
	pend		AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No						
		empt status:		or 📃 527	If "No," attach a I	ist. (see instructions)						
			OPENBIOME.ORG		H(c) Group exemption							
KF	orm o		X Corporation Trust Association Other ►	L Year	of formation: 2013 M	State of legal domicile: MA						
Pa	rt I											
Activities & Governance	1	Briefly describ	be the organization's mission or most significant activities: SEE S	SCHEDU	ULE O							
rna	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.						
ove	3		8									
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)										
s S	5	Total number	47									
ìťi	6		of volunteers (estimate if necessary)			5						
cti	7a		d business revenue from Part VIII, column (C), line 12			0.						
4			business taxable income from Form 990-T, line 34			0.						
					Prior Year	Current Year						
Ð	8	Contributions	and grants (Part VIII, line 1h)		308,017.	367,871.						
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.						
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.						
Œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		578,131.	2,363,613.						
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		886,148.	2,731,484.						
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.						
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		295,341.	964,701.						
sue	16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5-10) _ undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)	L	0.	0.						
Expenses	b											
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		346,951.	568,310.						
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		642,292.	1,533,011.						
	19	Revenue less	expenses. Subtract line 18 from line 12		243,856.	1,198,473.						
Ince					ginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (F			411,077.	1,723,863.						
et A ind I	21		(Part X, line 26)		40,003.	154,316.						
	22		fund balances. Subtract line 21 from line 20		371,074.	1,569,547.						
	rt II			and ct-t-	anta and to the bast of	In an in a section of the first state						
			I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is						
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of wh	icn preparer	nas any knowledge.							

Sign	Signature of officer		Date							
Here	JAMES B. BURGESS, CLER	K AND EXECUTIVE DIRE	CTOR							
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	JOSEPH GISO		08/09/16 ^{if} self-employed P00030126							
Preparer	Firm's name CBIZ TOFIAS		Firm's EIN 🕨 26-3753134							
Use Only	Firm's address 500 BOYLSTON STR	EET								
BOSTON, MA 02116 Phone no.617-761-06										
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No							

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

	Form 990 (2
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 939,046.
4d	Other program services (Describe in Schedule O.)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.5	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	STANDARDIZED, RELIABLE PRODUCT, 2) IMPROVE CONVENIENCE, 3) EXPAND ACCESS, AND 4) BUILD A PLATFORM FOR OPEN SCIENCE.
	MICROBIOTA PREPARATIONS FOR USE IN FMT. WE ALSO ENABLE SCIENTIFIC INVESTIGATIONS BY COMPILING OUTCOME DATA FROM THE FMTS THAT WE FACILITATE. THIS SIMPLE MODEL HELPS US TO: 1) CREATE A SAFE,
4a	(Code:) (Expenses \$ 939,046. including grants of \$) (Revenue \$ 2,363,61. OPENBIOME OFFERS CLINICIANS FROZEN, PRE-SCREENED, READY-TO-ADMINISTER
	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.
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
3	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
2	Did the organization undertake any significant program services during the year which were not listed on
	MICROBIOTA TRANSPLANTATION AND TO CATALYZE RESEARCH INTO THE HUMAN MICROBIOME.
1	Briefly describe the organization's mission: THE PRIMARY EXEMPT PURPOSE OF MICROBIOME HEALTH RESEARCH INSTITUTE, INC. (ALSO KNOWN AS OPENBIOME) IS TO EXPAND SAFE ACCESS TO FECAL

Form 990 (2015)

MICROBIOME HEALTH RESEARCH INSTITUTE INC 46-168

Pa	t IV Checklist of Required Schedules			<u> </u>
			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	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			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
		1.3		

Form **990** (2015)

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Form 990 (2015) MICROBIOME HEALTH RESEARCH INSTITUTE INC 46-1681862 Page 4 Part IV Checklist of Required Schedules (continued)

1 01				
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<u> </u>
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		- 23
U	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?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		-	000	(001E)

Form **990** (2015)

532004 12-16-15

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	52							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and									
	(gambling) winnings to prize winners?			1c	X					
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		47	2b	x					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	is)								
				3a	L	X				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	──	 				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•							
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X				
b	If "Yes," enter the name of the foreign country:		. (== . =)							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			_		v				
	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 trans			5b						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to a set the time 2			0-		x				
h	any contributions that were not tax deductible as charitable contributions?			6a	┟──┤					
a	If "Yes," did the organization include with every solicitation an express statement that such contribu were not tax deductible?		•	6b						
7	Organizations that may receive deductible contributions under section 170(c).			00						
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices n	rovided to the navor?	7a		x				
	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 v			15	┥──┤					
Ū	to file Form 8282?			7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year			10						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		xt?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-			7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	9							
	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
L.	Note. See the instructions for additional information the organization must report on Schedule O.									
a	Enter the amount of reserves the organization is required to maintain by the states in which the	126								
~	organization is licensed to issue qualified health plans	13b 13c								
	Enter the amount of reserves on hand		1	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		<u> </u>				
					n 990	(2015				

MICROBIOME HEALTH RESEARCH INSTITUTE INC

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12-16-	15

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X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			T
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			1
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ţ
	The governing body?	8a	х	1
b	Each committee with authority to act on behalf of the governing body?	8b	Х	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		1
4	Did the organization have a written document retention and destruction policy?	14		1
5	Did the process for determining compensation of the following persons include a review and approval by independent			ļ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	1
	Other officers or key employees of the organization	15b	Х	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			Į
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MA$, CA			_
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	NATALIA OUTKINA - (617) 575-2201			
	196 BOSTON AVENUE, MEDFORD, MA 02155			-
32006	12-16-15	Form	9 90	1
	6			
50	2015.04010 MICROBIOME HEALTH RESEARCH	236	580	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(3) JAMES BURNHAM5.00XXTREASURER AND DIRECTORXXX(4) ERIC ALM2.00	(A)	(B)			(0	C)		nout	(D)	(E)	(F)
(i)is any low or for the organization organization organization organization organization organization (W-2/1099-MISC) organization organization organization organization organization organization and related organization organizations compensation from the organization organization organization organization organization organization organization organizations compensation from the organization o	Name and Title	hours per	box	(do not check more box, unless person			ore than one on is both an		compensation	compensation	amount of
(1) JARS B. BURGESS 40.00 X X 94,065. 0. 5,398. (2) MARK SMITH 40.00 X X 93,565. 0. 4,940. (3) JARS BURHAM 5.00 X X 0. 0. 0. (4) ERIC ALM 2.00 X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. (5) ELLOT MATTINGLY 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) NELL RASHUSSEN 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (7) JARE WILLIAMS 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (9) JIM BULINER 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (9) JIM BULINER 2.00 X 0. 0. 0. (9) ZAIN KASSAM 40.00 X 105,546. 0. 4,356.		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
(2) MARK SMITH 40.00 x x 93,565. 0. 4,940. PRESIDENT AND DIRECTOR x x x 0. 0. 0. TREASURER AND DIRECTOR x x x 0. 0. 0. TREASURER AND DIRECTOR x x 0. 0. 0. 0. TREASURER AND DIRECTOR x 0. 0. 0. 0. 0. URRCTOR x 0. 0. 0. 0. 0. 0. (6) NELL RASMUSSEN 2.00 x 0. 0. 0. 0. 0. DIRECTOR x 0. <td< td=""><td></td><td>40.00</td><td>x</td><td></td><td>x</td><td></td><td></td><td></td><td>94 065.</td><td>0.</td><td>5 398.</td></td<>		40.00	x		x				94 065.	0.	5 398.
PRESIDENT AND DIRECTOR X X X 93,565. 0. 4,940. (3) JAMES BURNHAM 5.00 X X 0. 0. 0. TREASURER AND DIRECTOR X X X 0. 0. 0. OLIBECTOR X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. (5) ELLIOT MATTINGLY 2.00 X 0. 0. 0. 0. DIRECTOR X 0. <t< td=""><td></td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td>51,0031</td><td></td><td>3,3301</td></t<>		40.00							51,0031		3,3301
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(4) ERIC ALM 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (5) ELLIOT MATTINGLY 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) NEIL RASMUSSEN 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (7) JANE WILLIAMS 2.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (8) JIM BILDNER 2.000 X 0. 0. 0. 0. 0. (9) ZAIN KASSAM 40.00 X 105,546. 0. 4,356. 0. 4,356.	(3) JAMES BURNHAM	5.00									
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(8) JIM BILDNER 2.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(7) JANE WILLIAMS	2.00									_
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(9) ZAIN KASSAM 40.00 X 105,546. 0. 4,356.		2.00									<u> </u>
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		40.00									4 250
	CHIEF MEDICAL OFFICER						X		105,546.	0.	4,356.

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Form 990 (2015)

Page 7

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7 2015.04010 MICROBIOME HEALTH RESEARCH

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		ME HEAL	гн	RI	ESI	EAI	RCI	H I	INSTITUTE IN	C 46-16	81	862	Pa	ige 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
(A) (B) Name and title Averag hours p week			urs per (do not check more than one box, unless person is both a					h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line) line) hours for related organizations below line) hours for related hours for below line) hours for related hours for below line) hours for hours for related hours for hours for hour							compensati from the organizatio and related organization					
	Sub-total Total from continuation sheets to Part V								293,176.		0.	14	1,69	94.
	Total (add lines 1b and 1c)								293,176.),000 of reportable	0.	14	1,69	
	compensation from the organization												Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								highest compensated e			3	100	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a	0,000? If "Yes,	le co " <i>co</i>	omp mple	ensa ete S	atior S <i>che</i>	n and e <i>dul</i> é	d otl e <i>J f</i>	her compensation from for such individual	the organization		4		X
5 Sec	rendered to the organization? If "Yes," cont tion B. Independent Contractors	-				-			-			5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-									pensa	ation fi	om	
	(A) Name and business			ONE					(B) Description of s		C	(C omper		1
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	not li	mite	d to		se li: 0	stec	above) who received n	nore than				
53200 12-16-	3 15											Form S	90 (2	:015)

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8 2015.04010 MICROBIOME HEALTH RESEARCH 23680_01

Form				ALTH RESE	SARCH INST	ITUTE INC	46-1681	862 Page 9
Pa	rt V							
			Check if Schedule O contains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
ts, (Arr		с	Fundraising events 1c					
Gif İlar		d	Related organizations 1d					
Sin,		е	Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and					
jth			similar amounts not included above 1f	367,871.				
utro D p c		-	Noncash contributions included in lines 1a-1f: \$					
<u>a</u> C		h	Total. Add lines 1a-1f	🕨	367,871.			
				Business Code				
ice	2							
serv ue		b						
ven S		c						
gra Re		d						
Program Service Revenue		e ∡	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter-					
	Ŭ		other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties	ŕ F				
			(i) Real	(ii) Personal				
	6	а	Gross rents					
			Less: rental expenses					
		с	Rental income or (loss)					
		d	Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory					
			Less: cost or other basis					
			and sales expenses					
			Gain or (loss)					
			Net gain or (loss)	······ •				
Other Revenue	8		Gross income from fundraising events (not including \$ of					
Rev			contributions reported on line 1c). See					
ler			Part IV, line 18 a					
Ott			Less: direct expenses b					
			Net income or (loss) from fundraising events	····· •				
	9		Gross income from gaming activities. See					
			Part IV, line 19 a					
			Less: direct expenses b Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10		and allowancesa	3,282,548.				
			Less: cost of goods sold b					
			Net income or (loss) from sales of inventory		2,363,613.	2,363,613.		
		-	Miscellaneous Revenue	Business Code	, ,	, ,		
	11	а						
		b						
		с						
		d	All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions.	▶	2,731,484.	2,363,613.	0.	0.
53200	9 12-	16-	15					Form 990 (2015

Form 990 (2015) MICROBIOME HEALTH RESEARCH INSTITUTE INC 46-1681862 Page 10 Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response		this Part IX	((D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(P) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	107 000	100 100		4 0 4 2
	trustees, and key employees	197,968.	122,136.	70,889.	4,943.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		017 110		
7	Other salaries and wages	523,031.	217,113.	305,918.	
8	Pension plan accruals and contributions (include	CO 001			
	section 401(k) and 403(b) employer contributions)	62,291.	36,984.	25,307.	
9	Other employee benefits	93,011.	54,812.	38,199.	1 7 1
10	Payroll taxes	88,400.	45,993.	41,936.	471.
11	Fees for services (non-employees):				
а	Management	12 716	25 420	10 200	
b	Legal	43,716. 19,159.	25,428.	18,288. 19,159.	
С	9 H	19,159.		19,109.	
d	, , , , , , , , , , , , , , , , , , ,				
e	° í				
f	Investment management fees				
g		77,986.	75,883.		2 102
	column (A) amount, list line 11g expenses on Sch 0.)	//,900.	75,005.		2,103.
12	Advertising and promotion	65,377.	57,277.	7,943.	157.
13	Office expenses	44,142.	36,795.	7,943.	149.
14	Information technology	44,142.	50,795.	7,190.	149.
15	Royalties	164,271.	136,854.	26,846.	571.
16		50,190.	50,190.	20,040.	571.
17	Travel	50,190.	50,190.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40,079.	40,079.		
19 00	Conferences, conventions, and meetings	40,079.	40,079.		
20	Interest				
21	Payments to affiliates	22,811.	22,811.		
22	Depreciation, depletion, and amortization	23,888.	22,011.	23,888.	
23	Insurance Other expenses. Itemize expenses not covered	23,000.		23,000.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		6,235.	6,235.	0.	0.
b	BAD DEBTS	4,908.	4,908.	0.	0.
c	TELEPHONE/COMMUNICATION	4,066.	4,066.	0.	0.
d	DUES & SUBSCRIPTIONS	1,482.	1,482.	0.	0.
	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	1,533,011.	939,046.	585,571.	8,394.
26	Joint costs. Complete this line only if the organization	-			-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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______ if following SOP 98-2 (ASC 958-720)

10 2015.04010 MICROBIOME HEALTH RESEARCH Form **990** (2015)

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11 2015.04010 MICROBIOME HEALTH RESEARCH 23680_01

Part X Balance Sheet

MICROBIOME HEALTH RESEARCH INSTITUTE INC 46-1681862 Page 11

		Check if Schedule O contains a response or not	e to anv	/ line in this Part X				
		· · ·			(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			181,910.	1	441,090.	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			152,480.	4	635,594.	
	5	Loans and other receivables from current and for						
		trustees, key employees, and highest compensation	ated em	ployees. Complete				
		Part II of Schedule L				5		
	6	Loans and other receivables from other disquali						
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing				
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary				
ţ		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7		
Ä	8	Inventories for sale or use				8	397,261.	
	9	Prepaid expenses and deferred charges				9	18,593.	
	10a	Land, buildings, and equipment: cost or other		[
		basis. Complete Part VI of Schedule D	10a	222,999.				
	b	Less: accumulated depreciation	10b	27,174.	52,187.	10c	195,825.	
	11	Investments - publicly traded securities	<u> </u>			11		
	12	Investments - other securities. See Part IV, line 1				12		
	13		Investments - program-related. See Part IV, line 11					
	14	Intangible assets		E Contraction of the second seco		14		
	15	Other assets. See Part IV, line 11		Γ	24,500.	15	35,500.	
	16	Total assets. Add lines 1 through 15 (must equa			411,077.	16	1,723,863.	
	17	Accounts payable and accrued expenses	29,946.	17	104,639.			
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete I				21		
ŝ	22	Loans and other payables to current and former						
Liabilities		key employees, highest compensated employee						
abi		Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrela				23		
	24	Unsecured notes and loans payable to unrelated		-		24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	17-24).	Complete Part X of				
		Schedule D			10,057.	25	49,677.	
	26	Total liabilities. Add lines 17 through 25			40,003.	26	154,316.	
		Organizations that follow SFAS 117 (ASC 958), checl	k here ▶ X and				
S		complete lines 27 through 29, and lines 33 an	d 34.					
nce n	27	Unrestricted net assets			371,074.	27	1,569,547.	
ala	28	Temporarily restricted net assets			0.	28	0.	
Б	29			<u></u> [29		
Fun		Organizations that do not follow SFAS 117 (A						
م ا		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds				30		
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq				31		
∋t A	32	Retained earnings, endowment, accumulated in				32		
ž	33	Total net assets or fund balances		F	371,074.	33	1,569,547.	
_	34	Total liabilities and net assets/fund balances			411,077.	34	1,723,863.	
-							Form 990 (2015)	

Form **990** (2015)

Form 990 (2015)

Form	990 (2015) MICROBIOME HEALTH RESEARCH INSTITUTE INC	46-	-1681862	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,73		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,53		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,19		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	1,0	74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,56	9,5	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2015)

532012 12-16-15

SCHEDULE A	
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(Form 990	or 990-E	Z
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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.

OMB No. 1545-0047
2015
Open to Public

Department of the Treasury
Internal Revenue Service

000

		Information	on about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at W	ww.ii3.gov/ic	111330.	
Nam	ne of	the organization	OBTOME HEA	LTH RESEARCH	тмст	ፐጥፐጥፑ	TNC		identification number $6-1681862$
Pa	rt I	Reason for Public							0 1001002
		nization is not a private found							
1		A church, convention of ch		•	-	,	V A Vi)		
2	H						J(A)(I).		
	H	A school described in sect					:)		
3	H	A hospital or a cooperative						Viii) Entor	the beenitel's name
4									
-		city, and state:							a al in
5		An organization operated for		liege of university owned	a or opera	ted by a g	overnmental	unit describ	bed in
		section 170(b)(1)(A)(iv). (C					<i>,</i> ,		
6	H	A federal, state, or local go	•				. ,		
7		An organization that norma	-	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9	X	An organization that norma							
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
		income and unrelated busi		(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Co							
10	Н	An organization organized	-	•	•				
11		An organization organized	•	•	•			•	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). C	Check the box in
	_	lines 11a through 11d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 11e, 11f, an	d 11g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s),	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trust	ees of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally interpretent of the second	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organized and the organized of the organized	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	_ requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	. Туре I, Туре	e II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported of	organizations						
g		vide the following information							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount o	•	(vi) Amount of
		organization		above (see instructions))	governing o	document?	support instruct	-	other support (see instructions)
				. "	Yes	No	Instruct	10113)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 MICROBIOME HEALTH RESEARCH INSTITUTE INC46-1681862 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support		•				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, 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	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)			12	
	First five years. If the Form 990 is for		,				
	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				·····
-	Public support percentage for 2015 (column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
	1 33 1/3% support test - 2015. If the o					nore, check thi	s box and
	stop here. The organization qualifies	as a publicly supp	ported organization	n			
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2015. If the orc	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 1	0% or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-		·
b	0 10% -facts-and-circumstances tes	-		• • • •			
~	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						tions
			,				000 or 000 EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 MICROBIOME HEALTH RESEARCH INSTITUTE INC46-1681862 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			103.	433,017.	367,871.	800,991.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513			11,193.	684,630.	3,282,548.	3,978,371.
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						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			11,296.	1,117,647.	3,650,419.	4,779,362.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						4,779,362.
Sec	ction B. Total Support						, , , -
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6			11,296.	1,117,647.	3,650,419.	4,779,362.
	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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)			11,296.	1,117,647.	3,650,419.	4,779,362.
	First five years. If the Form 990 is for	r the organization'	's first, second, thi	rd, fourth, or fifth ta			ation,
	check this box and stop here	•			-		
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2015 (line 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2014	Schedule A, Par	t III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	ne Percentage	;			
17	Investment income percentage for 20)15 (line 10c, colu	mn (f) divided by li	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2015. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						►
b	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check th			
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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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I GI	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
<u> </u>	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
1				
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see inst</i>	ructions)	
c 2		ructions). Yes	No
2	Activities Test. Answer (a) and (b) below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported exemption(s) to which the exemption was reapposed of "Year" then in Part III identify			
	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,			
	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			
		0-		
b	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	A -		
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0'		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		0045
532028	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ)	2015

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Schedule A (Form 990 or 990-EZ) 2015 MICROBIOME HEALTH RESEARCH INSTITUTE INC46-1681862 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
co	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7 O	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	1a		
b Av	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
еD	iscount claimed for blockage or other			
fa	ictors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d	3		
4 C	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	lultiply line 5 by .035	6		
7 R	ecoveries of prior-year distributions	7		
8 M	linimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 Er	nter 85% of line 1	2		
3 M	linimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Er	nter greater of line 2 or line 3	4		
5 In	come tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
er	mergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	-	ated Type III supporting org	anization (see

instructions).

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Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)					
Secti	tion D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4								
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which t	the organization is responsiv	e					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
		(i)	(ii)	(iii)				
.		Excess Distributions	Underdistributions	Distributable				
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
а								
b								
с								
d	From 2013							
е	From 2014							
f	Total of lines 3a through e							
	Applied to underdistributions of prior years							
h	Applied to 2015 distributable amount							
i	Carryover from 2010 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount							
с	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2016. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а								
b								
с	Excess from 2013							
d	Excess from 2014							
	Excess from 2015							

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Schedule A	Supplemental Part IV. Section A.	Z) 2015 MICROB I Information. Prov. , lines 1, 2, 3b, 3c, 4b, xtion D, lines 2 and 3; F	vide the explanation 4c. 5a. 6. 9a. 9b. 9c	s required by Part II, I c. 11a. 11b. and 11c: I	ine 10; Part II, line 1 Part IV, Section B, li	7a or 17b; Part III, nes 1 and 2: Part I	line 12; V. Section C.
	Section D, lines 5, (See instructions.)	6, and 8; and Part V, S	Section E, lines 2, 5	, and 6. Also complete	e this part for any ac	ditional informatic	në të; Part V, in.
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Schedule B (Form 990, 990-EZ, or 990-PF)	
Department of the Treasury Internal Revenue Service	

Schedule of Contributors

 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. OMB No. 1545-0047

2015

Employer identification number

Name of	the	organization
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Organization type (check one):

MICROBIOME HEALTH RESEARCH INSTITUTE INC

46-1681862

Filers of:	Section:
Form 990 or 990-EZ	X 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

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Department of the Treasury Internal Revenue Service

(Form 990)

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



Name of the organization

Employer identification number

	MICROBIOME HEALTH RE	SEARCH	INSTITUTE I	NC	46-1681862
Pa	t I Organizations Maintaining Donor Advised F	Funds or O	ther Similar Fund	s or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.				
			advised funds	()	b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during 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 writi	ing that the as	sets held in donor advi	sed fun	ds
	are the organization's property, subject to the organization's exc	-			
6	Did the organization inform all grantees, donors, and donor advis				
	for charitable purposes and not for the benefit of the donor or do				
	impermissible private benefit?				
Pa				Part IV,	
1	Purpose(s) of conservation easements held by the organization (,	
-	Preservation of land for public use (e.g., recreation or educ	`	Preservation of a his	torically	important land area
	Protection of natural habitat	·····,	Preservation of a cer	-	-
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	conservation	contribution in the form	n of a co	nservation easement on the last
-	day of the tax year.	concervation			Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
č	Number of conservation easements on a certified historic structu				2c
d	Number of conservation easements included in (c) acquired after				
ŭ	listed in the National Register			ure	2d
3	Number of conservation easements modified, transferred, releas				
5	year		ed, or terminated by th	le organ	
4	Number of states where property subject to conservation easem	ent is located			
5	Does the organization have a written policy regarding the periodi				
5	violations, and enforcement of the conservation easements it hol				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han		iona and anfaraing oar		······································
0	Stan and volunteer nours devoted to monitoring, inspecting, nan	iuling of violat	ions, and emorcing cor	ISEIVALIO	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	n of violations	and onforcing consorv	ation oa	soments during the year
'	Amount of expenses incurred in monitoring, inspecting, nanding \$	g or violations,	and enforcing conserv	allon ea	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfies $2(d)$	ation the real	iromonto of costion 17		
0					
0	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation e include, if applicable, the text of the footnote to the organization				
		S III AIICIAI Sta	tements that describes	s the org	ganization's accounting for
Pa	conservation easements. t III Organizations Maintaining Collections of A	rt Historic	al Treasures or ()ther 9	Similar Assets
1 4	Complete if the organization answered "Yes" on Form 990	-	-		
10	If the organization elected, as permitted under SFAS 116 (ASC 9			mont or	d balance aboat works of art
Id	-				
	historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describes		, or research in further	ance or	public service, provide, in Part Alli,
h			in ito rovonuo atatomor	at and b	alapse aboat works of art bistoriaal
D	If the organization elected, as permitted under SFAS 116 (ASC 9				
	treasures, or other similar assets held for public exhibition, education to these items:	ation, or resea	ren in furtherance of p	JDIIC Ser	vice, provide the following amounts
	relating to these items:				► ¢
	(i) Revenue included on Form 990, Part VIII, line 1				
~	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasure the following empired to be reported under CEAS 116 (ai yain,	provide
_	the following amounts required to be reported under SFAS 116 (
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				\$ Schodulo D (Form 000) 2015
53205	For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.			Schedule D (Form 990) 2015
11-02-	15	25			
		<u> </u>			

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2015.04010 MICROBIOME HEALTH RESEARCH

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Sche	dule D (Form 990) 2015 MICROBI	OME HEALTH	RESI	EARCH	INSTIT	UTE	INC	46-16	8186	2 _{Pa}	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical T	reasures,	or Oth	er Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, check	any of the	e following that	at are a s	significant	use of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	c	1 🛄 L	oan or exe	change progra	ams					
b	Scholarly research	e	, LI (Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ey further	the organizat	ion's exe	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		_
	to be sold to raise funds rather than to be m	aintained as part of	the orgar	nization's c	ollection?			L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizati	on answered	"Yes" or	n Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	:	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1 f		1		1
	Did the organization include an amount on F							L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete i	1			-			aara baak	(-) Four	waara	haali
4		(a) Current year	(D) Pi	rior year	(c) Two yea	IS DACK	(a) mees	TEATS DACK	(e) Four	years	DACK
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the cur	ront year and balance	l								
2	Board designated or quasi-endowment	rent year end baland		y, column ((a)) Heiu as.						
a b	Permanent endowment	%									
0	Temporarily restricted endowment	%									
C	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		ation tha	t are held :	and administe	ared for t	the organi:	zation			
ou	by:						ine organiz	ation	Ī	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the				·						
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a.	See Form 990	0, Part X	, line 10.				
	Description of property	(a) Cost or c			t or other			ed	(d) Boo	< value	e
	,	basis (investr		• •	(other)		preciation		.,		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			22	22,999.		27,1	74.	19	5,8	25.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line	10c.)				19	5,8	25.

Schedule D (Form 990) 2015

532052 09-21-15

Schedule D (Form 990) 2015 MICROBIOME HEALTH RESEARCH INSTITUTE INC 46-1681862 Page 3 Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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-of-year market value
(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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	35,500.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	35,500.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal	income taxes	
(2) ACRR	UED EXPENSES	49,677.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 49,677.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

532053 09-21-15

Sche	edule D (Form 990) 2015 MICROBIOME HEALTH RESEARCH INST	TITUTE	INC 46	5-1	681862	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements Wi	ith Revenu	le per Reti	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,731	,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments 2a					
b	Donated services and use of facilities 2b					
с						
d						
е	Add lines 2a through 2d			e		0.
3	Subtract line 2e from line 1			3	2,731	,484.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.) 4b					
с				c		0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	2,731	,484.
-						
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements W			eturi	n.	
Pa				eturi		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statements W	/ith Expen	ses per Re	ətüri 1	n. 1,533	,011.
	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	/ith Expen	ses per Re			,011.
1	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	/ith Expen	ses per Re			,011.
1 2	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	/ith Expen	ses per Re			,011.
1 2 a	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b	/ith Expen	ses per Re			,011.
1 2 a b	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b	/ith Expen	ses per Re			,011.
1 2 a b	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other no part XIII.)	/ith Expen	ses per Re	1	1,533	0.
1 2 b c d	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	/ith Expen	22	1 e		0.
1 2 b c d e	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	/ith Expen	22	1 e	1,533	0.
1 2 b c d 3	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	/ith Expen	22	1 e	1,533	0.
1 2 6 6 8 3 4	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a	/ith Expen	22	1 e	1,533	0.
1 2 b c d e 3 4 a	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	/ith Expen	22	1 e 3	1,533	<u>0.</u> ,011. 0.
1 2 a b c d e 3 4 a b c 5	Int XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	/ith Expen	2000	1 e 3 c	1,533	<u>0.</u> ,011. 0.

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:

THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS
BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX
POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION
UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR
POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE
UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY
ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN
TAX POSITIONS. INTEREST AND PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS
INCOME TAX EXPENSE.

 THE ORGANIZATION HAS IDENTIFIED ITS STATUS AS A TAX EXEMPT ENTITY AS IT'S

 532054 09-21-15
 Schedule D (Form 990) 2015

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 28

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 2015.04010 MICROBIOME HEALTH RESEARCH
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Schedule D	(Form 990) 20 Supplem	o15 ental Info	MICROE prmation (co	BIOME	HEALTH	RESEARC	CH IN	[STITUT]	E INC46-16	81862 _{Pag}
					ND HAS	DETERMI	NED	THAT S	ИСН ТАХ РО	SITION
DOES N	IOT RESU	JLT IN	AN UNCE	ERTAIN	ITY REQU	JIRING F	RECOG	NITION	. THE ORG	ANIZATIO
IS NOT	CURREN	ITLY UI	NDER EXA	MINAT	ION BY	ANY TAX	ING	JURISD	ICTION.	
532055 09-21-15									Schedule	D (Form 990) 2
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60809	756948	23680	.000	201	5.04010	MICROB	TOWE	HEALTH	I RESEARCH	23680_

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	orm 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. bartment of the Treasury Attach to Form 990 or 990-EZ.								
Name of the organization	MICROBIOME HEALTH RESEARCH INSTITUTE INC	Employer	identification number 681862						
FORM 990, PAR	T I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:							
THE PRIMARY E	XEMPT PURPOSE OF MICROBIOME HEALTH RESEARCH	INSTIT	UTE,						
INC. (ALSO KN	OWN AS OPENBIOME) IS TO EXPAND SAFE ACCESS T	O FECA	L						
MICROBIOTA TR	ANSPLANTATION AND TO CATALYZE RESEARCH INTO	THE HU	MAN						
MICROBIOME.									
FORM 990, PAR	T VI, SECTION A, LINE 2:								
JAMES BURNHAM	AND MARK SMITH HAVE A FAMILY RELATIONSHIP.								
JAMES BURGESS	, MARK SMITH, NEIL RASMUSSEN, AND ERIC ALM H	AVE A	BUSINESS						
RELATIONSHIP.									
FORM 990, PAR	T VI, SECTION B, LINE 11:								
UPON RECEIPT	OF THE DRAFT FORM 990 THE EXECUTIVE DIRECTOR	AND M	EMBERS OF						
THE AUDIT COM	MITTEE REVIEW THE FORM FOR COMPLETENESS AND .	ACCURA	CY. AFTER						
THE REVIEW PR	OCESS IS COMPLETED AND THE RETURN IS APPROVE	D FOR	FILING,						
AUTHORIZATION	IS GIVEN FOR THE FORM TO BE ELECTRONICALLY	FILED.							
FORM 990, PAR	T VI, SECTION B, LINE 12C:								
ALL STAFF, OF	FICERS, AND DIRECTORS ARE REQUIRED TO SIGN T	HE CON	FLICT OF						
INTEREST POLI	CY AND DISCLOSE ANY POTENTIAL OR PERCEIVED C	ONFLIC	TS TO						
MANAGEMENT. A	NY CONFLICTS OF INTEREST DISCLOSED ARE DISCU	SSED B	Y THE BOARD						
OF DIRECTORS	AND MANAGEMENT.								
FORM 990, PAR	T VI, SECTION B, LINE 15:								
MEMBERS OF TH	E BOARD OF DIRECTORS MUST APPROVE OFFICER, E	XECUTI	VE DIRECTOR,						

AND KEY EMPLOYEE COMPENSATION. THIS COMPENSATION IS REVIEWED ANNUALLY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

23680_01

FORM 990	S AND	ANNUA	L AUDI'I	ED F	INANCI	.AL	STATEMENTS	ARE	POSTED	ON	THE	COMPANY
WEBSITE,	WWW.(OPENBI	OME.ORG	, AS	WELL	AS	GUIDESTAR.	ORG.				
532212 09-02-15							31					990-EZ) (2015)
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Name of the organization

MICROBIOME HEALTH RESEARCH INSTITUTE INC

Employer identification number 46-1681862

AGAINST INDUSTRY AND MARKET COMPARABLES.

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