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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 1/01 2013 and ending 8/31 2013

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C

OSNET, INC.
72855 FRED WARING DR STE A6
PALM DESERT, CA 92260-9369

D Employer identification number
95-4551356

E Telephone number
760-341-9638

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 117,860.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	117,860.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5 a	
	b Less cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b	
	c Less direct expenses from gaming and fundraising events	6 c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
	7a Gross sales of inventory, less returns and allowances	7 a	
	b Less cost of goods sold	7 b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	117,860.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	79,735.
	13 Professional fees and other payments to independent contractors	13	4,853.
	14 Occupancy, rent, utilities, and maintenance	14	4,200.
	15 Printing, publications, postage, and shipping	15	4,612.
	16 Other expenses (describe in Schedule O)	16	36,929.
	17 Total expenses. Add lines 10 through 16	17	130,329.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,469.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	12,469.
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	0.	

RECEIVED
DEC 26 2013
OGDEN, UT
IRS-CSC

SEE SCHEDULE O

SCANNED JAN 14 2014 10:55 AM

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ

5

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of MARIA GREENWALD Telephone no 760-341-9638
Located at 72855 FRED WARING DR STE A-6 PALM DESERT CA ZIP + 4 92260-9369

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If 'Yes,' was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *[Signature]* Date: 10/19/13

MICHAEL BOLOGNESE PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name: DAVID S. SUSS, CPA

Preparer's signature: *[Signature]* Date: 11/14/13

Firm's name: MARYANOV MADSEN GORDON CAMPBELL

Firm's address: PO BOX 1826 PALM SPRINGS, CA 92263-1826

Check if self employed

PTIN: P00264158

Firm's EIN: 95-3178278

Phone no: (760) 320-6642

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2013

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Open to Public
Inspection

Name of the organization

OSNET, INC.

Employer identification number

95-4551356

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE SPECIFIC AND PRIMARY PURPOSES FOR WHICH THIS CORPORATION IS FORMED, ARE TO PROMOTE THE FURTHERANCE OF MEDICAL RESEARCH; TO COLLECT AND DISSEMINATE INFORMATION REGARDING RESOURCES AVAILABLE TO PERFORM CLINICAL STUDIES, TO FURTHER THE INTEREST OF SCIENTISTS AND MEDICAL RESEARCHERS, GENERALLY AND ITS MEMBERS PARTICULARLY; AND TO FACILITATE ITS MEMBERS COOPERATION TO THEIR MUTUAL ADVANTAGE IN MATTERS PERTAINING TO SCIENCE AND RESEARCH.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE SPECIFIC AND PRIMARY PURPOSES FOR WHICH THIS CORPORATION IS FORMED, ARE TO PROMOTE THE FURTHERANCE OF MEDICAL RESEARCH; TO COLLECT AND DISSEMINATE INFORMATION REGARDING RESOURCES AVAILABLE TO PERFORM CLINICAL STUDIES, TO FURTHER THE INTEREST OF SCIENTISTS AND MEDICAL RESEARCHERS, GENERALLY AND ITS MEMBERS PARTICULARLY; AND TO FACILITATE ITS MEMBERS COOPERATION TO THEIR MUTUAL ADVANTAGE IN MATTERS PERTAINING TO SCIENCE AND RESEARCH.

OSNET, INC.

95-4551356

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	3,700.
BANK CHARGES		16.
DEPRECIATION		125.
DUES AND SUBSCRIPTIONS		1,748.
INFORMATION TECHNOLOGY		748.
INSURANCE		540.
OFFICE EXPENSES		11,234.
OUTSIDE SERVICES		10,816.
REPAIRS AND MAINTENANCE		2,787.
STATE TAXES		10.
TELEPHONE		2,583.
TRAVEL		2,622.
TOTAL	\$	<u>36,929.</u>

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 311.	\$ 0.
MACHINERY AND EQUIPMENT	292.	0.
TOTAL	<u>\$ 603.</u>	<u>\$ 0.</u>



DISS NP

State of California Secretary of State

Domestic Nonprofit Corporation Certificate of Dissolution

There is no fee for filing a Certificate of Dissolution.
Important – Read instructions before completing this form.

This Space For Filing Use Only

1 **Corporate Name** – Enter the name of the domestic nonprofit corporation exactly as it is of record with the California Secretary of State

OSNET, Inc.

2. **Required Statements** – The following statements are required by statute and should not be altered

All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board. The corporation has been completely wound up and is dissolved.

3. **Debts and Liabilities** – Check the applicable statement Note. Only one box may be checked

- The corporation's known debts and liabilities have been actually paid.
- The corporation's known debts and liabilities have been paid as far as its assets permitted.
- The corporation's known debts and liabilities have been adequately provided for by their assumption and the name and address of the assumer is _____
- The corporation's known debts and liabilities have been adequately provided for as far as its assets permitted (Specify in an attachment to this certificate (incorporated herein by this reference) the provision made and the address of the corporation, person or governmental agency that has assumed or guaranteed the payment, or the name and address of the depository with which deposit has been made or other information necessary to enable creditors or others to whom payment is to be made to appear and claim payment)
- The corporation never incurred any known debts or liabilities.

4. **Assets** – Mutual Benefit or Consumer Cooperative Corporations ONLY. Check the applicable statement Note: Only one box may be checked If the corporation is a public benefit or religious corporation, leave Item 4 blank and attach to this Certificate of Dissolution a letter from the California Attorney General's office waiving objections to the distribution of the corporation's assets pursuant to California Corporations Code section 6716(c) or confirming the corporation has no assets (see instructions).

- The known assets have been distributed to the persons entitled thereto:
- The corporation never acquired any known assets.

5. **Election** – Check the "YES" or "NO" box as applicable. Note: If the "NO" box is checked, a Certificate of Election to Wind Up and Dissolve pursuant to California Corporations Code section, 1901, 6611, 8611, 9680 or 12631 must be filed prior to or together with this Certificate of Dissolution.

The election to dissolve was made by the vote of all the members of the corporation or the corporation has no members and the election was made by the vote of all the directors of the corporation. YES NO

6. **Verification and Execution** – If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this certificate Any attachments to this certificate are incorporated herein by this reference.

The undersigned constitute(s) the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

Date: 10/8/13

Signature of Director: *[Handwritten Signature]*

Signature of Director: *[Handwritten Signature]*

Signature of Director

Type or Print Name of Director: A. N. Morlett, MD

Type or Print Name of Director: Michael A. Bologna

Type or Print Name of Director



DISS NP

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- The corporation's known debts and liabilities have been paid as far as its assets permitted.
- The corporation's known debts and liabilities have been adequately provided for by their assumption and the name and address of the assumer is _____
- The corporation's known debts and liabilities have been adequately provided for as far as its assets permitted.
(Specify in an attachment to this certificate (incorporated herein by this reference) the provision made and the address of the corporation, person or governmental agency that has assumed or guaranteed the payment, or the name and address of the depository with which deposit has been made or other information necessary to enable creditors or others to whom payment is to be made to appear and claim payment)
- The corporation never incurred any known debts or liabilities.

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- The known assets have been distributed to the persons entitled thereto.
- The corporation never acquired any known assets.

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The election to dissolve was made by the vote of all the members of the corporation or the corporation has no members and the election was made by the vote of all the directors of the corporation.

YES NO

6. **Verification and Execution** – If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this certificate. Any attachments to this certificate are incorporated herein by this reference.

The undersigned constitute(s) the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

10/8/13
Date

Signature of Director

Type or Print Name of Director

Signature of Director

Type or Print Name of Director

M Greenwald
Signature of Director

M Greenwald See/Treas.
Type or Print Name of Director



State of California Secretary of State

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All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board. The corporation has been completely wound up and is dissolved.

3. **Debts and Liabilities** – Check the applicable statement. Note. Only one box may be checked.

- The corporation's known debts and liabilities have been actually paid.
- The corporation's known debts and liabilities have been paid as far as its assets permitted.
- The corporation's known debts and liabilities have been adequately provided for by their assumption and the name and address of the assumer is _____
- The corporation's known debts and liabilities have been adequately provided for as far as its assets permitted.
(Specify in an attachment to this certificate (incorporated herein by this reference) the provision made and the address of the corporation, person or governmental agency that has assumed or guaranteed the payment, or the name and address of the depository with which deposit has been made or other information necessary to enable creditors or others to whom payment is to be made to appear and claim payment)
- The corporation never incurred any known debts or liabilities.

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The election to dissolve was made by the vote of all the members of the corporation or the corporation has no members and the election was made by the vote of all the directors of the corporation.

YES NO

6. **Verification and Execution** – If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this certificate. Any attachments to this certificate are incorporated herein by this reference.

The undersigned constitute(s) the sole director or a majority of the directors now in office. I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

10-7-13
Date

Signature of Director

Alex Kim
Type or Print Name of Director

Signature of Director

Type or Print Name of Director

Signature of Director

Type or Print Name of Director



ELEC NP

State of California Secretary of State

Domestic Nonprofit Corporation Certificate of Election to Wind Up and Dissolve

NOTE: To complete the dissolution process, the corporation must also file a Certificate of Dissolution (Form DISS NP).

There is no fee for filing a Certificate of Election To Wind Up and Dissolve.

Important – Read instructions before completing this form.

This Space For Filing Use Only

1. **Corporate Name** – Enter the name of the domestic nonprofit corporation exactly as it is of record with the California Secretary of State.

Osnet, Inc.

2. **Required Statement** – The following statement is required by statute and should not be altered

The corporation has elected to wind up and dissolve.

3. **Election** – Check the applicable statement Note: Only one box may be checked

- The election was made by the vote of 5 members of the corporation, constituting a majority of all the members.
(number of members)
- The election was made by the board of directors together with the vote of a majority of the members voting on the election to dissolve and in accordance with California Corporations Code section 5034 or 12224.
- The corporation has no members; the election was made by the board of directors of the corporation.

4. **Signatory Authority** – Check the applicable statement. Note. Only one box may be checked.

- The undersigned constitutes the sole director or a majority of the directors now in office of the above-named corporation.
- The undersigned constitute the chair of the board, president or vice president and the secretary, chief financial officer, treasurer, assistant secretary or assistant treasurer of the above-named corporation.
- The undersigned constitute(s) the member(s) authorized to execute this certificate by approval of a majority of all members.

5. **Verification and Execution** – If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this certificate. Any attachments to this certificate are incorporated herein by this reference.

I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

Date

10/8/13

Signature of Director, Officer or Member

Signature of Director, Officer or Member

Signature of Director or Member

Type or Print Name of Director, Officer or Member

A.N. Maffett, MD

Type or Print Name of Director, Officer or Member

Michael A. Bologna

Type or Print Name of Director or Member



State of California Secretary of State

ELEC NP

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(number of members)

The election was made by the board of directors together with the vote of a majority of the members voting on the election to dissolve and in accordance with California Corporations Code section 5034 or 12224.

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I declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

10-7-13
Date

[Signature]
Signature of Director, Officer or Member

Alan R. Wald
Type or Print Name of Director, Officer or Member

Signature of Director, Officer or Member

Type or Print Name of Director, Officer or Member

[Signature]
Signature of Director or Member

M. Greenwald
Type or Print Name of Director or Member