EXTENDED TO NOVEMBER 15, 2019

990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

2018	
Open to Public Inspection	

Α	For the	e 20 is calendar year, or tax year beginning	and end	aing		
В	Check if applicable	C Name of organization			D Employer identifi	cation number
	Addre		1			
	Name chang	e Doing business as			46-3	600900
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Roo	om/suite	E Telephone numbe	er
	Final return	30221 DACEO DADDE DADEWAY	J			995-7502
	termir ated	City or town, state or province, country, and ZIP or foreign postal co	ode		G Gross receipts \$	1,775,781.
	Amen return				H(a) Is this a group re	eturn
	Application	F Name and address of principal officer:CONNIE NG			for subordinates	
	pendi	⁹ 39221 PASEO PADRE PARKWAY, SUITE J,	, FREM	ONT,	H(b) Are all subordinates i	
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) () ((insert no.) 494	17(a)(1) or [527	If "No," attach a	list. (see instructions)
J	Websi	te: ► PHOENIXBIOINFORMATICS.ORG			H(c) Group exemption	
		organization: X Corporation Trust Association Other	·	L Year	of formation: 2013	M State of legal domicile: CA
	art I	Summary				
_	1	Briefly describe the organization's mission or most significant activities: \mathbf{I}	DEVELO	P AN	ECONOMICAL	LY AND
Activities & Governance		TECHNOLOGICALLY SUSTAINABLE BUSINESS	MODEL	AND	PLATFORM T	HAT
rna	2	Check this box if the organization discontinued its operations o	r disposed	of more	than 25% of its net a	ssets.
ove.					3	9
Ğ		Number of independent voting members of the governing body (Part VI, li				8
စ္တ		Total number of individuals employed in calendar year 2018 (Part V, line 2				15
įŧį		Total number of volunteers (estimate if necessary)				0
Ę		Total unrelated business revenue from Part VIII, column (C), line 12				0.
⋖		Net unrelated business taxable income from Form 990-T, line 38				0.
		·			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			337,084.	
Revenue		Program service revenue (Part VIII, line 2g)			1,125,123.	1,175,454.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			3,865.	14,551.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,500.	10,763.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lir			1,468,572.	1,775,781.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	-
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	s 5-10)		1,173,510.	1,291,828.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)		•		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			369,242.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,542,752.	
	19	Revenue less expenses. Subtract line 18 from line 12			-74,180.	-36,903.
Net Assets or Find Balances	3			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			2,104,980.	1,860,081.
t As	21	Total liabilities (Part X, line 26)			1,291,717.	1,101,286.
		Net assets or fund balances. Subtract line 21 from line 20			813,263.	758,795.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying s				y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all informati	ion of which	preparer	has any knowledge.	
Sig	ın	Signature of officer			Date	
He	re	CONNIE NG, CFO				
_		Type or print name and title			Note	II DTIN
_	_	Print/Type preparer's name Preparer's signature		L	Oate Check I	PTIN
Pai -		JACQUELYN HOWELL			self-employ	
	parer	Firm's name ATHERTON & ASSOCIATES, LLP			Firm's EIN ▶	94-1239084
Use	Only	Firm's address P.O. BOX 4339			, ,	00) 555 4000
		MODESTO, CA 95352-4339			Phone no. (2	09) 577-4800
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No
	004 40 6	A 10 LUA For Paparwork Poduction Act Nation con the congrets in	ctructions			Earm 991 (2019)

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: DEVELOP AN ECONOMICALLY AND TECHNOLOGICALLY SUSTAINABLE BUSINESS MODEI	L
	AND PLATFORM THAT PROVIDES THE RESOURCES TO ALLOW SCIENTIFIC DATABASES	S
	TO PERSIST, GROW AND PROSPER. INTEGRATE AND SYSTEMATICALLY ORGANIZE	
	TRUSTED DATA INTO KNOWLEDGE BASES AND DEVELOP TOOLS THAT ENABLE REUSE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 602,265. Including grants of \$) (Revenue \$ 1,137,245] DEVELOPMENT AND MAINTENANCE OF TAIR (THE ARABIDOPSIS INFORMATION RESOURCE), A DATABASE OF SCIENTIFIC KNOWLEDGE ABOUT THE GENOME AND	<u>5 •</u>)
	PROTEOME OF THE REFERENCE PLANT ARABIDOPSIS THALIANA. NEW SCIENTIFIC	
	INFORMATION WAS EXTRACTED FROM NEW RESEARCH ARTICLES AND ASSOCIATED TO	<u> </u>
	THE ARABIDOPSIS GENES DISCUSSED IN THE PUBLICATIONS. THE TAIR	
	SCIENTIFIC DATABASE SERVED THE PUBLIC WITH OVER 2.2 MILLION SEPARATE	
	VISITS TO THE SITE, OVER 14 MILLION INDIVIDUAL PAGE VIEWS, AND AVERAGE	Ē
	32,000 UNIQUE VISITORS PER MONTH.	
4b	(Code:) (Expenses \$ 796,197. including grants of \$) (Revenue \$ 48,972	2.)
	DEVELOPMENT OF LONG-TERM SUSTAINABLE SOURCES OF FUNDING FOR SCIENTIFIC	
	DATABASES TO SUPPORT THEIR OPERATIONS AND ENHANCE THEIR ABILITY TO	
	SERVE THE RESEARCH COMMUNITY. WE SUPPORTED AN EXTERNAL PARTNER	
	DATABASE, BIOCYC, BY ENABLING THEM TO BRING IN SUBSCRIPTION REVENUE AN	ND
	MADE SCALABILITY AND PERFORMANCE IMPROVEMENTS TO OUR SUBSCRIPTION	
	SUPPORT SOFTWARE PLATFORM.	
4c	(Code:) (Expenses \$) (Revenue \$)	
		— ′
4d	Other program services (Describe in Schedule O.)	
₩		
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,398,462.	
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
	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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	KINA III AA OA AA D D AINA	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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	10		
••	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			17
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
•	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$^{-\Delta}$

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- 0	one and the second of the seco		V	
00	Did the expenientian report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? <i>If</i> "Yes," <i>complete</i>			
		23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
2-14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 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? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.
	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			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
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	x	
Pa	Note. All Form 990 filers are required to complete Schedule 0	30		L
	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	5		
b)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	·)			
	-		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	· ·			3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·	_		Х
	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 transa		5b 5c		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
Va	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ua		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			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:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	110			
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				\ _{3,7}
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	t in a cons 0	40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.		Form	990	(2010)

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

_	Check if Schedule O contains a response or note to any line in this Part VI						X	
Sec	tion A. Governing Body and Management							
			1	۰.		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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							
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as:				5		Х	
6	Did the organization have members or stockholders?				6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			··				
	more members of the governing body?				7a		х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			"				
-	persons other than the governing body?				7b		х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			··				
а	The governing body?				8a	Х		
b	Each committee with authority to act on behalf of the governing body?				8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			" -	0.0			
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R							
	tion Division (This occitor Brequeste information about politics not required by the internal re	CVCIIC	ic 00dc.)			Yes	No	
102	Did the organization have local chapters, branches, or affiliates?			Г	10a	103	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such c			·· -	104			
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body				10b 11a	Х		
		ly Del	ore ming the forms		ı ıa			
120	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		
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		nfliote?	·· ⊢	12b	X		
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·· -	120	21		
С					400	Х		
40	in Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?				13	X		
14	Did the organization have a written document retention and destruction policy?			-	14	21		
15	Did the process for determining compensation of the following persons include a review and approve	-	naepenaent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				4-	Х		
	The organization's CEO, Executive Director, or top management official				15a	X		
b	Other officers or key employees of the organization			-	15b	Λ		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	_						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				.		v	
_	taxable entity during the year?				16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga							
	exempt status with respect to such arrangements?			'	16b			
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	nd 99	U-I (Section 501(c)(3)s	only)	availa	able	
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website Upon request Other (explain		,					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy,	and 1	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 bo	oks a	nd records 🕨					
	CONNIE NG - 650-995-7502	4 = -						
	39221 PASEO PADRE PARKWAY, SUITE J, FREMONT, CA 9	453	38					

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 organiza (A) Name and Title	(B) Average		Position do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle cer an	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) EVA HUALA EXECUTIVE DIRECTOR	40.00	X		х				132,236.	0.	10,603
(2) SUSAN AU	1.00	<u> </u>		^				132,230.	0.	10,005
TREASURER		x		x				0.	0.	0
(3) JONATHAN DUGAN	1.00									
CHAIRPERSON		Х		Х				0.	0.	0
(4) ANNE HAAKE	1.00	X						0.	0.	0
DIRECTOR (5) ERIC LYONS	1.00	^						0.	0.	U
DIRECTOR	1.00	X						0.	0.	0
(6) SAM MANKIEWICZ	1.00	╁								
DIRECTOR		Х						0.	0.	0
(7) MARY MARGARET SPRINKLE DIRECTOR	1.00	X						0.	0.	0
(8) TODD VISION	1.00	 								
DIRECTOR		Х						0.	0.	0
(9) OXNAM MALIACA DIRECTOR	1.00	X						0.	0.	0
(10) TANYA BERARDINI	40.00	122						•	•	
SECRETARY				Х				91,850.	0.	13,441
(11) CONNIE NG	40.00							0.4.400		
CHIEF FINANCIAL OFFICER	40.00			Х				84,402.	0.	13,644
(12) TRILOK PRITHVI CHIEF TECHNICAL OFFICER	40.00	┨				х		159,344.	0.	23,593
(13) XINGGUO CHEN	40.00							133/3110	•	23,333
SOFTWARE ENGINEER						Х		107,429.	0.	13,796
		_								
		_								
		-								
										- 000 (ssa)

(A) Name and title	(B) Average			(C Posi	ition			(D) Reportable	(E) Reportable		E	(F) timate	Ч
ivame and title	hours per week	box offi	not c	heck i ss per id a di	more rson i	than is bot	h an	compensation from	compensation from related	tion amou		nount o other	
	(list any hours for related	e or director	tee			sated		the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr	pensat om the anizati	9
	organizations below	Individual trustee or	Institutional trustee		Key employee	Highest compensated employee	_	(W-2/1039-WIIGO)			and	d relate Inizatio	ed
	line)	Indivic	Institu	Officer	Keyem	Highes emplo	Former						
		-											
1b Sub-total								575,261.		0.	7.	5,0'	77.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								575,261.		0.	7.	5,0'	
 Total number of individuals (including bu compensation from the organization 	t not limited to th	nose	liste	ed at	oove	e) wł	no re	eceived more than \$100	,000 of reportab	le			3
Did the organization list any former office	er director or tr	ıste	o ka	av en	nnlo	WAA	or	highest compensated e	mnlovee on			Yes	No
line 1a? If "Yes," complete Schedule J fo	r such individual				· 						3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$	•							•	•		4	х	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	•				•		elat	ed organization or indivi			5		X
Section B. Independent Contractors									4400 000 1				
 Complete this table for your five highest the organization. Report compensation for 		-								npens	ation	rom	
(A) Name and busine	ss address	N	INC	Ξ				(B) Description of s	ervices	C	(C omper		า
							\dashv						
2 Total number of independent contractors		ot li	mite	d to		se lis	sted	d above) who received m	nore than				
\$100,000 of compensation from the orga	u IIZatiON 📂										Гокт	200 (-	201-

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<u>s s</u>	1 a	Federated campaigns	1a					012 014
ran		Membership dues	- I I		-			
اَعْ جَ		Fundraising events			1			
ifts		Related organizations			-			
a;e		Government grants (contributi			1			
Sig		All other contributions, gifts, grant			1			
her	•	similar amounts not included above		575,013.				
풀턴	a	Noncash contributions included in lines		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
a Co	_	Total. Add lines 1a-1f		>	575,013.			
				Business Code	4			
e l	2 a	SUBSCRIPTION RE	VENUE	541700	1,154,944.	1,154,944.		
اه کِز	b	PROGRAM SERVICE	S FEES	541700	20,510.	20,510.		
Su	С							
eve	d							
Pg	е							
ፈ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			1,175,454.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			14,551.			14,551.
	4	Income from investment of tax	x-exempt bond p	oroceeds				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		<u></u>				
anne	8 a	Gross income from fundraising including \$	-					
e		contributions reported on line	1c). See					
Other Revenue Contributions, Gifts, Grain Revenue and Other Similar Amour Revenue and Other Similar Amour Contributions and Other Contributions		Part IV, line 18	а					
	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale:	s of inventory					
		Miscellaneous Revenu	е	Business Code				
	11 a	OTHER INCOME		900099	10,763.	10,763.		
	b							
	С							
		All other revenue			10.56			
	е	Total. Add lines 11a-11d			10,763.	1 106 015		14 == 1
	12	Total revenue. See instructions			1,775,781.	µ,186,217.	0.	14,551.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	Ţ .	·
	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,				
	trustees, and key employees	346,176.		346,176.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	771,058.	771,058.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	88,589.	88,291.	298.	
10	Payroll taxes	86,005.	63,601.	22,404.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	48,985.	22,135.	26,850.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	68,323.	61,491.	6,832.	
17	Travel	14,166.	11,172.	2,994.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 170			
19	Conferences, conventions, and meetings	10,472.	7,141.	3,331.	
20	Interest				
21	Payments to affiliates	100 240	100 004		
22	Depreciation, depletion, and amortization	176,347.	175,651.	696.	
23	Insurance	1,538.	1,028.	510.	
24	Other expenses. Itemize expenses not covered 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	SUBAWARD EXPENSES	124,975.	124,975.		
b	DUES AND SUBSCRIPTIONS	59,326.	58,277.	1,049.	
С	TELEPHONES	5,092.	4,583.	509.	
d	SUPPLIES	3,059.	2,394.	665.	
е	All other expenses	8,573.	6,665.	1,908.	
25	Total functional expenses. Add lines 1 through 24e	1,812,684.	1,398,462.	414,222.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 942,063. 666,794. Cash - non-interest-bearing 1 710. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 36,974. 0. 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 6,921. 3,891. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 1,044,646. basis. Complete Part VI of Schedule D ______ 10a 631,565. 413,641. 413,081. b Less: accumulated depreciation 10b 10c 736,069. 733,053. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 5,576. 5,576. 15 Other assets. See Part IV, line 11 15 2,104,980. 1,860,081. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 49,404. 17 155,417. 17 Accounts payable and accrued expenses 18 18 Grants payable 1,082,171. 889,663. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 8,974. 5,761. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 50,445. 151,168. Schedule D 1,291,717. 1,101,286. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 758,795. 813,263. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 813,263. 758,795. Total net assets or fund balances 33 33 2,104,980. 1,860,081. Total liabilities and net assets/fund balances______

Form	990 (2018) PHOENIX BIOINFORMATICS CORPORATION	46-360	0900	Pag	ge 12
Pai	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	1,775		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,812		
3	Revenue less expenses. Subtract line 2 from line 1	3			03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			63.
5	Net unrealized gains (losses) on investments	5	-17	7,50	65.
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,				
		10	758	3,79	<u>95.</u>
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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 C				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate $\frac{1}{2}$	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheduler in	Jule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PHOENIX BIOINFORMATICS CORPORATION **Employer identification number** 46-3600900

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.	
he	organi	zation is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch						
2		A school described in sect i	· ·				-NN-1-	
3	Ħ	A hospital or a cooperative		·			ii)	
4	Ħ	A medical research organiz					•	the hospital's name
•		city, and state:	ation operated in col	njunction with a nospita	described	in Scotio	ii ii o(b)(i)(A)(iii). Liitoi	the hospital s hame,
_		<u> </u>		llana autoniususiku suusa	d au au au au a			i
5	ш	An organization operated for		nege or university owner	u or opera	ted by a g	overnmental unit descrit	bea in
_		section 170(b)(1)(A)(iv). (C						
6	\mathbf{H}	A federal, state, or local gov	-					
7	ш	An organization that norma		ntial 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	Н	A community trust describe						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10	X	An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). 0	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,
		its supported organization	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	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	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	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	r the number of supported o	organizations					
g		ide the following information		<u> </u>				
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
ota	ı							
ULC								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

		tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without change 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 exceede 2% of the amount shown on line 11, column (f) 6 Public support. Settled the 5 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 incleaded business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from related activities, and income from shall a sources 11 Total support. Add lines 7 frough 10 12 Gross receipts from related activities, atc. (see instructions) 13 First five years. If the Form 950 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16 a 33 1/3% support test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Include any "unusual grants") 2 Tax revenues levied for the organization'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. Subreat line 8 from line 4 8 Pection B. Total Support Calendar year (or fiscal year beginning in) ► 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 similar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business sizelylarly carried on Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 980s for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization qualifies as a publicly supported organization 15 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (ff)) 16 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (ff)) 17 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (ff)) 18 Jis 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances' test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the	1	Gifts, grants, contributions, and						
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and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
	b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	n in Part VI how the	<u> </u>
		organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported org	anization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	qualify under the tests listed b	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(b) 2013	(6) 2010	(u) 2011	(e) 2016	(I) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	980.	499,060.	401 917.	337,084.	575,013.	1,814,054.
2		300.	400,000.	401,011.	337,004.	373,013.	1,014,034.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	701,898.	1,117,227.	1,299,003.	1,125,123.	1,175,455.	5,418,706.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	500 050					
	Total. Add lines 1 through 5	702,878.	1,616,287.	1,700,920.	1,462,207.	1,750,468.	7,232,760.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						7,232,760.
Se	ction B. Total Support						.,===,
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(a) 2014 702,878.	1,616,287.	1,700,920.	1,462,207.	1,750,468.	7,232,760.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1.	2.		3,865.	14,551.	
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
		1.	2.		3,865.	14,551.	18,419.
	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	1.	۷.		3,003.	14,331.	10,419.
12	Other income. Do not include gain or loss from the sale of capital				2,310.	10,763.	13,073.
13	assets (Explain in Part VI.)	702,879.	1,616,289.	1,700,920.	1,468,382.	1,775,782.	7,264,252.
	First five years. If the Form 990 is for						ation,
	check this box and stop here		, ,	, ,	,	() ()	>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2018 (I			column (f))		15	99.57 %
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						, <u>, , , , , , , , , , , , , , , , , , </u>
17			<u>-</u>	ne 13. column (fl)		17	.25 %
18						18	%
	a 33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						→ X
ŀ	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	re than 33 1/3%, a	ind
	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	a, or 19b, check th	ns box and see ins	structions	P

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
L	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	Ju		
	9с		
<u> </u>	10a		
	10b		
~ 000		00 E7	

Pa	rt IV 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		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
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,			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Ĺ П	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	^ -		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: it in tes, describe in Fait with the fole played by the organization in this regard.	S		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	$\neg \neg$		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting ord	ganization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

2010

2018

OMB No. 1545-0047

Name of the organization

PHOENIX BIOINFORMATICS CORPORATION

Employer identification number

46-3600900

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

PHOENIX BIOINFORMATICS CORPORATION

46-3600900

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALFRED P. SLOAN FOUNDATION 630 FIFTH AVENUE, SUITE 2200 NEW YORK, NY 10111	\$349,863.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NATIONAL SCIENCE FOUNDATION 2415 EISENHOWER AVENUE ALEXANDRIA, VA 22314	\$ 224,629.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PHOENIX BIOINFORMATICS CORPORATION

46-3600900

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-08		\$	990 990-F7 or 990-PF) (2

Employer identification number

Name of organization

46-3600900 PHOENIX BIOINFORMATICS CORPORATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PHOENIX BIOINFORMATICS CORPORATION

Employer identification number 46-3600900

Schedule D (Form 990) 2018

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete	if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Funds and other ac	counts
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 v	writing that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's	-		☐ No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
				☐ No
Pai				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area	
	Protection of natural habitat	Preservation of a certif	ied historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	f a conservation easement of	on the last
	day of the tax year.		Held at the End o	of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?	Yes	└ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during t	he year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	on easements during the ye	ar
	> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	ne organization's accounting	g for
Da	conservation easements.	f Ant Historical Transcruss on Ot	han Oineilan Aasata	
Pai			ner Similar Assets.	
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	,	ce of public service, provide	e, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the follow	wing 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 treation of the fall and a second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of art, historical treations are second or held works of a second or held works of a second or held works or held wo	•	gain, provide	
_	the following amounts required to be reported under SFAS 1	· · ·	. Φ	
a	Revenue included on Form 990, Part VIII, line 1			
a	Assets included in Form 990, Part X		🖊 🕽	

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

Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures,	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	any of the	following tha	at are a sigr	ificant use of i	ts collection items
	(check all that apply):							
а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	ams		
b	Scholarly research	е		Other				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizati	ion's exemp	ot purpose in F	Part XIII.
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, or oth	er similar a	ssets	<u></u>
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?		[Yes No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on Fo	orm 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not in	cluded	
	on Form 990, Part X?						L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:				
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liability	?l	Yes No
	If "Yes," explain the arrangement in Part XIII.							<u></u>
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	orm 990, Par			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d)	Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:			
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for the	organization	
	by:							Yes No
	(i) unrelated organizations							
	(ii) related organizations							
b	If "Yes" on line 3a(ii), are the related organization) 			3b
4	Describe in Part XIII the intended uses of the		owment	funds.				
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or o basis (investr			t or other (other)		umulated eciation	(d) Book value
1a	Land							
	Buildings							
	Leasehold improvements				.4,846.		6,186.	8,660.
d	Equipment				8,988.	62	25,379.	233,609.
	Other			17	0,812.			170,812.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10c.)			413,081.

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	(b) Book value	ne 11b. See Form 990, I (c) Method of va	aluation: Cost or end-of-year market valu
) Financial derivatives			
c) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV I	ne 11d. See Form 990. I	Part X line 15
		110 114. 000 1 01111 000, 1	arting into to:
(a) L	Description		(b) Book value
• • • • • • • • • • • • • • • • • • • •	Description		(b) Book value
(1)	Description		(b) Book value
(1) (2)	Description		(b) Book value
(1) (2) (3)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (÷ 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	÷ 15.)	ne 11e or 11f. See Form (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	2 15.)	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	2 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	2 15.)	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SI	2 15.)	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SI (3)	2 15.)	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SI (3) (4)	2 15.)	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SI (3) (4) (5)	2 15.)	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SI (3) (4) (5) (6)	2 15.)	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SI (3) (4) (5) (6) (7) (8) (9)	2 15.)	(b) Book value 50,445.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SI (3) (4) (5) (6) (7) (8)	25.)	(b) Book value 50,445.	990, Part X, line 25.

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Pa	rt XI	Reconciliation of Revenue per Audited Financial Staten	nents With Reve	enue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unr	realized gains (losses) on investments	2a		
b	Donate	d services and use of facilities	2b		
С		eries of prior year grants			
d		Describe in Part XIII.)			
е	Add line	es 2a through 2d		2e	
3	Subtrac	ct line 2e from line 1		3	
4		ts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investm	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (I	Describe in Part XIII.)	4b		
С	Add line	es 4a and 4b		4c	
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa		Reconciliation of Expenses per Audited Financial State	-	enses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1		xpenses and losses per audited financial statements		1	
2		ts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		d services and use of facilities			
b	Prior ye	ear adjustments	2b		
С	Other Id				
d		Describe in Part XIII.)			
е		es 2a through 2d			
3		ct line 2e from line 1		3	
4		ts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
_	Investr	nent expenses not included on Form 990, Part VIII, line 7b			
а					
b	Other (I	Describe in Part XIII.)	4b		
b b	Other (I	Describe in Part XIII.) es 4a and 4b			
b c 5	Other (I Add line Total ex	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
b c 5	Other (I Add line Total ex	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.		5	
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
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b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
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b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	1,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	1,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	I,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,

Schedule D (Form 990) 2018

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

PHOENIX BIOINFORMATICS CORPORATION

Employer identification number 46-3600900

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
a	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
а	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		Х
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Δ_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Δ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) TRILOK PRITHVI	(i)	159,344.	0.	0.	12,840.	10,753.	182,937.	0.
CHIEF TECHNICAL OFFICER	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PHOENIX BIOINFORMATICS CORPORATION

Employer identification number 46-3600900

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDES THE RESOURCES TO ALLOW SCIENTIFIC DATABASES TO PERSIST, GROW

AND PROSPER.

INTEGRATE AND SYSTEMATICALLY ORGANIZE TRUSTED DATA INTO KNOWLEDGE BASES

AND DEVELOP TOOLS THAT ENABLE REUSE OF AND CREATE KNOWLEDGE FROM DATA.

BUILD AN INTERACTIVE, COMPUTABLE LEARNING ENVIRONMENT WHERE RESEARCHERS

EXPLORE RELEVANT KNOWLEDGE AND BUILD TESTABLE HYPOTHESES.

FOSTER INTERACTION AND COLLABORATION AMONG SCIENTISTS TO ACCELERATE THE

PROGRESS OF SCIENCE.

PROMOTE A DEEPER UNDERSTANDING OF SCIENTIFIC AIMS, METHODS, AND RESULTS

WITHIN THE GENERAL PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF AND CREATE KNOWLEDGE FROM DATA.

BUILD AN INTERACTIVE, COMPUTABLE LEARNING ENVIRONMENT WHERE RESEARCHERS

EXPLORE RELEVANT KNOWLEDGE AND BUILD TESTABLE HYPOTHESES.

FOSTER INTERACTION AND COLLABORATION AMONG SCIENTISTS TO ACCELERATE THE

PROGRESS OF SCIENCE.

PROMOTE A DEEPER UNDERSTANDING OF SCIENTIFIC AIMS, METHODS, AND RESULTS

WITHIN THE GENERAL PUBLIC.

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

THE FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO

SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization PHOENIX BIOINFORMATICS CORPORATION

Employer identification number 46-3600900

A CONFLICT OF INTEREST POLICY WAS ADOPTED BY THE BOARD IN 2015 AND APPLIED BEGINNING IN 2016. THE CONFLICT OF INTEREST POLICY APPLIES TO ALL DIRECTORS, OFFICERS AND STAFF, WHO ARE EACH ASKED TO REVIEW, COMPLETE AND SUBMIT A COI FORM ANNUALLY. THE COMPLETED FORMS ARE REVIEWED FOR CONFLICTS BY THE EXECUTIVE DIRECTOR. IF A CONFLICT OR POTENTIAL CONFLICT IS REPORTED, THE BOARD OF DIRECTORS IS INFORMED AND APPROPRIATE ACTION IS DECIDED BY VOTE OF THE BOARD, WITH THE PERSON WITH THE POTENTIAL CONFLCT ABSTAINING FROM THE DISCUSSION AND VOTE. THE SECRETARY WILL MAINTAIN A LIST OF CONFLICTED ENTITIES AND INDIVIDUALS. THE EXECUTIVE DIRECTOR WILL MATCH PROPOSED TRANSACTIONS AGAINST THE LIST TO IDENTIFY SUCH TRANSACTIONS, PROHIBIT ANY CONFLICTED PERSON FROM PARTICIPATING IN THE DISCUSSION OF OR DECISION TO PROCEED WITH SUCH A TRANSACTION, AND SUBMIT THE TRANSACTION FOR A VOTE OF THE BOARD MINUS ANY CONFLICTED PARTIES TO DETERMINE WHETHER THE TRANSACTION IS IN THE INTEREST OF PHOENIX BIOINFORMATICS. NO CONFLICTS WERE IDENTIFIED IN 2017 OR 2018.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION REVIEW WAS COMPLETED AT THE END OF 2018. THE REVIEW

INCLUDED THE COMPENSATION OF BOTH THE EXECUTIVE DIRECTOR AND THE CHIEF

FINANCIAL OFFICER (CFO). EXTERNAL SOURCES WERE USED TO ASSESS THE

APPROPRIATE LEVEL OF COMPENSATION FOR THESE POSITIONS IN OTHER COMPARABLE

ORGANIZATIONS. THE INDEPENDENT DIRECTORS APPROVED THE COMPARABILITY DATA

AND COMPENSATION OF BOTH OFFICERS. THE COMPENSATION REVIEW AND APPROVAL

PROCESS IS THE SAME FOR OFFICERS AND KEY EMPLOYEES. THE COMPENSATION REVIEW

AND APPROVAL PROCESS IS THE SAME FOR OFFICERS AND KEY EMPLOYEES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 46-3600900 PHOENIX BIOINFORMATICS CORPORATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 39221 PASEO PADRE PARKWAY, NO. J City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions FREMONT, CA 94538 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 CONNIE NG The books are in the care of ► 39221 PASEO PADRE PARKWAY, SUITE J - FREMONT, CA 94538 Telephone No. ► 650-995-7502 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2019)

За

3b

TAXABLE YEAR 2018

California Exempt Organization Annual Information Return

828941 12-12-18 FORM

199

Ca	lendar Year	2018 or fiscal year beginning (mm/dd/yyyy)		, and endin	g (mm/dd/yy	/y)				
С	orporation/Or	ganization name			Cali	fornia corpo	oration r	number		
P	HOENI	X BIOINFORMATICS CORPORATION				3601	957			
Α	dditional infor	mation. See instructions.			FE	IN				
						46-3	600	900		
S	treet address	(suite or room)			I	PMB no.				_
3	9221	PASEO PADRE PARKWAY, NO. J								
	ity	·			State	ZIP code				_
F	REMON	${f T}$			CA	9453	8			
F	oreign country	name Foreign province/stat	e/county			Foreign p	ostal co	ode		_
\overline{A}	First Retu	rn Yes X No	J If exer	npt under R&TC	Section 237	01d, has t	he org	anization		
В	Amended	Return • Yes X No		ed in political ac					Z I	No
C	IRC Secti	on 4947(a)(1) trust Yes X No						701g? • ☐ Yes 🖸	Z I	No
D		rmation Return?		," enter the gros						
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized	1	nization is a pul	-					_
	Enter date:	(mm/dd/yyyy) •		n 23701d and n						
Ε		counting method: (1) Cash (2) X Accrual (3) Other	1	o filing fee is re		-				
F		eturn filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990)		organization a L					K N	No
		Other 990 series		e organization fi						
G	Is this a g	group filing? See instructions $ullet$ Yes X No	report	taxable income	?			• Yes ∑	K N	No
Н	Is this or	ganization in a group exemption Yes X No		organization un						
		hat is the parent's name?	IRS au	dited in a prior	year?			• Yes ∑	K N	No
				eral Form 1023/					K N	No
ī	Did the o	rganization have any changes to its guidelines		led with IRS						
	not repor	ted to the FTB? See instructions								
F	Part I	omplete Part I unless not required to file this form. See General In	formation E	3 and C.						
		1 Gross sales or receipts from other sources. From Side 2, Part	II, line 8			•	1	1,200,76	58	00
		2 Gross dues and assessments from members and affiliates				•	2		П	00
	Danainta	 Gross contributions, gifts, grants, and similar amounts receive Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General 	d		STMT	1 •	3	575,01		
	Receipts	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General tests.	al Information	В			4	1,775,78	31	00
	and	5 Cost of goods sold	•	5		00				
'	Revenues	Cost of goods soldCost or other basis, and sales expenses of assets sold	•	6		00				
		7 Total costs. Add line 5 and line 6					7			00
		8 Total gross income. Subtract line 7 from line 4					8	1,775,78		
	Evnonoo	9 Total expenses and disbursements. From Side 2, Part II, line 1	8			•	9	1,812,68	34	00
_'	Expenses	10 Excess of receipts over expenses and disbursements. Subtract	t line 9 from	line 8			10	-36,90) 3	00
		11 Total payments				•	11			00
		12 Use tax. See General Information K					12			00
		13 Payments balance. If line 11 is more than line 12, subtract line	12 from lin	e 11		•	13			00
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11					14			00
		15 Filing fee \$10 or \$25. See General Information F					15		10	00
							16			00
		17 Balance due. Add line 12, line 15, and line 16. Then subtract li	ine 11 from	the result		●	17	1	10	00
Si	an	Under penalties of perjury, I declare that I have examined this return, including arit is true, correct, and complete. Declaration of preparer (other than taxpayer) is be	ased on all ir	formation of which	rtements, and to preparer has a	ny knowled	r my kno ge.	bwleage and belief,		
	ere	Olara de um	Title		Date			● Telephone		
		Signature of officer	CFO							
		Duranula		Date	Check	if		● PTIN		
		Preparer's signature			self-er	nployed		P01327223		
Paid		Firm's name						Firm's FEIN		
Pr	eparer's	(or yours, if self-	ĹP					94-1239084		
Us	e Only	employed) P.O. BOX 4339						Telephone		
		MODESTO, CA 95352-4339						(209) 577-4	<u> 18(</u>	00
		May the FTB discuss this return with the preparer shown above? See	e instruction	ns		• X	Yes	No		

PHOENIX BIOINFORMATICS CORPORATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951	12-12-18

		1	Gross sales or receipts from all b	ousiness activities. See instruc	tions	•	1	00
		2	Interest			•	2	2 00
		3	Dividends				3	$14,549_{00}$
Rec	eipts	4	•			_	4	00
from	1	5	Gross royalties			•	5	00
Othe	er	6	Gross amount received from sale	e of assets (See Instructions)		•	6	00
Sou	rces	7	Other income		SEE STA	TEMENT 2 •	7	1,186,217 00
		8	Total gross sales or receipts from	m other sources. Add line 1 thr	ough line 7. Enter here and c	on Side 1, Part I, line 1	8	1,200,768 00
		9	Contributions, gifts, grants, and	similar amounts paid		•	9	00
		10	Disbursements to or for member	rs		•	10	00
		11	Compensation of officers, direct	ors, and trustees	SEE STA	TEMENT 3 ● [11	346,176 ₀₀
		12				• [12	771,058 00
Exp	enses	13	Interest			• [13	00
and		14	Taxes				14	86,005 ₀₀
Disb	urse-	15	Rents			• [15	68,323 ₀₀
men	ıts	16	Depreciation and depletion (See	instructions)		•	16	176,347 ₀₀
		17	Other Expenses and Disburseme	ents	SEE STA	TEMENT 4 \bullet	17	364,775 00
			Total expenses and disburseme	nts. Add line 9 through line 17.	Enter here and on Side 1, Pa	art I, line 9	18	$1,812,684_{00}$
Scl	hedu	le L	Balance Sheet	Beginning of t			f taxal	ble year
Asse				(a)	(b)	(c)	_	(d)
					942,773		•	
			s receivable				•	36,974
			ceivable				•	
			atata gayarnmant ahligatiana				9	
			state government obligations in other bonds				-	
			in stock					
	Mortga							
	Other in	-			736,069			<u> </u>
			ole assets	868,860	7.507.505	1,044,64		7007000
10	b Less	асси	imulated depreciation	(455,219	413,641			413,081
				, , , ,	. , .	,	•	
12	Other a	ssets	STMT 6		12,497		•	9,467
13	Total a	ssets	3		2,104,980			1,860,081
			et worth					
14	Accour	its pa	ıyable		49,404		•	155,417
15	Contrib	ution	ıs, gifts, or grants payable				•	
			notes payable				•	
17	Mortga	ges p	payable jes STMT 7				•	•
18	Other li	abiliti	ies STMT 7		1,242,313			945,869
			c or principal fund				•	
			ital surplus. Attach reconciliation		012 262		•	
			rnings or income fund		813,263 2,104,980		•	758,795
			ties and net worth	nor hooks with income nor re-				1,000,001
JUI	reau	IC 1V		per books with income per re dule if the amount on Schedule		s than \$50,000.		
1	Net inc	ome i	per books					
					not included in th		ı	•
	 2 Federal income tax not included in this return 3 Excess of capital losses over capital gains 8 Deductions in this return not charged 						·····	
	Income not recorded on books this year against book income this year						F	•
			corded on books this year not		9 Total. Add line 7 a			
	deducte	ed in	this return		10 Net income per re			
6	Total. A	Add Iir	ne 1 through line 5	-36,9	903 Subtract line 9 fro	om line 6		-36,903

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
ALFRED P. SLOAN FOUNDATION	630 FIFTH AVENUE, SUITE 2200 NEW YORK, NY 10111	12/31/18	349,863.	
NATIONAL SCIENCE FOUNDATION	2415 EISENHOWER AVENUE ALEXANDRIA, VA 22314	12/31/18	224,629.	
TOTAL INCLUDED ON LINE	3		574,492.	
CA 199	OTHER INCOME	ST	ATEMENT 2	
DESCRIPTION			AMOUNT	
OTHER INCOME SUBSCRIPTION REVENUE PROGRAM SERVICES FEES			10,763. 1,154,944. 20,510.	
TOTAL TO FORM 199, PAR		1,186,217.		

	STATEMENT 3
NAME AND ADDRESS TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
EVA HUALA 39221 PASEO PADRE PARKWAY, NO. J FREMONT, CA 94538 EXECUTIVE DIRECTOR 40.00	142,839.
SUSAN AU 39221 PASEO PADRE PARKWAY, NO. J 1.00 FREMONT, CA 94538	0.
JONATHAN DUGAN 39221 PASEO PADRE PARKWAY, NO. J FREMONT, CA 94538 CHAIRPERSON 1.00	0.
ANNE HAAKE 39221 PASEO PADRE PARKWAY, NO. J 1.00 FREMONT, CA 94538	0.
ERIC LYONS 39221 PASEO PADRE PARKWAY, NO. J FREMONT, CA 94538 DIRECTOR 1.00	0.
SAM MANKIEWICZ 39221 PASEO PADRE PARKWAY, NO. J FREMONT, CA 94538 DIRECTOR 1.00	0.
MARY MARGARET SPRINKLE DIRECTOR 39221 PASEO PADRE PARKWAY, NO. J 1.00 FREMONT, CA 94538	0.
TODD VISION 39221 PASEO PADRE PARKWAY, NO. J FREMONT, CA 94538 DIRECTOR 1.00	0.
OXNAM MALIACA 39221 PASEO PADRE PARKWAY, NO. J FREMONT, CA 94538 DIRECTOR 1.00	0.
TANYA BERARDINI SECRETARY 39221 PASEO PADRE PARKWAY, NO. J 40.00 FREMONT, CA 94538	105,291.
CONNIE NG 39221 PASEO PADRE PARKWAY, NO. J FREMONT, CA 94538 CHIEF FINANCIAL OFFICER 40.00	98,046.
TOTAL TO FORM 199, PART II, LINE 11	346,176.

CA 199 OTHER EXPENSES		STATEMENT 4
DESCRIPTION		AMOUNT
SUBAWARD EXPENSES DUES AND SUBSCRIPTIONS TELEPHONES SUPPLIES OTHER EMPLOYEE BENEFITS OTHER PROFESSIONAL FEES TRAVEL CONFERENCES AND CONVENTIONS INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE 17		124,975. 59,326. 5,092. 3,059. 88,589. 48,985. 14,166. 10,472. 1,538. 8,573.
CA 199 OTHER INVESTMENTS	5	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
VARIOUS INVESTMENTS	736,069.	733,053.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	736,069.	733,053.
CA 199 OTHER ASSETS		STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES SECURITY DEPOSIT	6,921. 5,576.	3,891. 5,576.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	12,497.	9,467.
CA 199 OTHER LIABILITIES		STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
FUNDS HELD ON BEHALF OF SRI DEFERRED REVENUE UNSECURED NOTES AND LOANS PAYABLE	151,168. 1,082,171. 8,974.	50,445. 889,663. 5,761.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,242,313.	945,869.

2018

Corporation Depreciation and Amortization

CALIFORNIA FORM

FORM 199 FEIN 46-3600900 Attach to Form 100 or Form 100W. California corporation number Corporation name 3601957 PHOENIX BIOINFORMATICS CORPORATION Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 2 Total cost of IRC Section 179 property placed in service 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years Method SEE STATEMENT 8 1,044,646. 455,219 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 176,347 See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 176,347 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 176,347 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation 0 amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (e) R&TC (a) Description of property (b) (d) (g) (c) Date acquired Cost or Amortization allowed or Period or Amortization section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

CA 3885	DEPRE	DEPRECIATION				MENT 8
ASSET NO./ DATE I DESCRIPTION SERVICE		PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 DATABASE AND SOFTW	ARE					
VARIOU	S 846,954.	453,400.	SL	5.00	169,392.	
2 LEASEHOLD IMPROVEM	ENTS	-			-	
VARIOU	S 14,846.	1,237.	\mathtt{SL}	3.00	4,949.	
3 COMPUTER EQUIPMENT	ı					
VARIOU	S 12,034.	582.	SL	5.00	2,006.	
4 CONSTRUCTION IN PR	OGRESS					
VARIOU	rs 170,812.			.000	0.	
TOTAL TO FORM 3885	1,044,646.	455,219.			176,347.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the

5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay

for more information.

839035 12-12-18

_ DETACH HERE _ _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ _ _ DETACH HERE _ _ _ **CAUTION:** You may be required to pay electronically, see instructions. TAXABLE YEAR Payment Voucher for Corporations and Exempt CALIFORNIA FORM **Organizations e-filed Returns** 2018 3586 (e-file) 3

000000 46-3600900 3601957 18 FORM PHOE 01-01-2018 TYE 12-31-2018

PHOENIX BIOINFORMATICS CORPORATION

39221 PASEO PADRE PARKWAY NO J CA 94538 FREMONT

(650) 995-7502

Amount of Payment 10.

6181186

Date Accepted

TAXABLE YEAR

California e-file Return Authorization for

FORM

201	Exempt Organiza	ations				8453-EU
Exempt Orga	inization name				Identifying	number
PHOEN	IX BIOINFORMATICS CORP	ORATION			46-3	600900
Part I	Electronic Return Information (whole dollar	rs only)				
1 Tota	I gross receipts (Form 199, line 4)	• •			1	1,775,781
2 Tota						1,775,781
3 Tota	I expenses and disbursements (Form 199, lin					1,812,684
Part II	Settle Your Account Electronically for Tax	able Year 2018				
4	Electronic funds withdrawal 4a Amoun	ıt	4b	Withdrawal date (m	m/dd/yyyy)	
Part III	Banking Information (Have you verified the	exempt organization	n's banking infor	mation?)	****	
5 Routii	ng number			•		
6 Accou	unt number		7 Type o	of account: Ch	ecking :	Savings
	Declaration of Officer		• •		<u> </u>	<u> </u>
transmitter California e a balance o organizatio statements	alties of perjury, I declare that I am an officer of the continuous or intermediate service provider and the amounts electronic return. To the best of my knowledge and due return, I understand that if the Franchise Tax Bon will remain liable for the fee liability and all applicable transmitted to the FTB by the ERO, transmitter, authorize the FTB to disclose to the ERO or intermediate.	in Part I above agree belief, the exempt orgo pard (FTB) does not re able interest and pena or intermediate service	with the amounts o anization's return is ceive full and timely lties. I authorize the e provider. If the p i	n the corresponding line true, correct, and comp payment of the exemp exempt organization re ocessing of the exemp	es of the exempt on blete. If the exemp torganization's fe eturn and accompa	organization's 2018 t organization is filing e liability, the exempt anying schedules and
Here	·					
Part V	Declaration of Electronic Return Originato	or (ERO) and Paid I	Preparer.			
I declare th am only an accurately provided th 1345, 2016 the exempt I declare th true, correct	at I have reviewed the above exempt organization's intermediate service provider, I understand that I a reflects the data on the return.) I have obtained the ne organization officer with a copy of all forms and is Handbook for Authorized e-file Providers. I will ke torganization return is filed, whichever is later, and nat I have examined the above exempt organization'ct, and complete. I make this declaration based on a	s return and that the er am not responsible for organization officer's information that I will the ep form FTB 8453-EO I will make a copy ava s return and accompa	ntries on form FTB to reviewing the exent signature on form File with the FTB, and on file for four year illable to the FTB upnying schedules and	npt organization's return TB 8453-EO before train d I have followed all oth is from the due date of on request. If I am also d statements, and to th	n. I declare, however this reture this returent of the requirements of the return or four the paid preparer;	rer, that form FTB 8453-EO rn to the FTB; I have escribed in FTB Pub. years from the date , under penalties of perjury,
	ERO's- signature			also paid	if self-	L

ERO X employed __|₽01327223 Firm's name (or yours ATHERTON & ASSOCIATES LLP FEIN 94-1239084 Must if self-employed) P.O. BOX 4339 Sign and address MODESTO, CA ZIP code 95352 - 4339Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge

and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Check if self-Paid preparer's PTIN Paid preparer's signature Preparer Must Firm's name (or yours FEIN if self-employed) and address Sign ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0206499		Check if:				
		Change of address				
PHOENIX BIOINFORMATICS CORPORATION Name of Organization		Amended report				
39221 PASEO PADRE PARKWAY, NO. J		Corporate or Organization No. 3601957				
FREMONT, CA 94538 City or Town, State and ZIP Code		Federal Employer I.D. No. 46-3600900				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts						
Gross Receipts Fee Gross Annual Revenue		Fee Gross Annual Revenue		Fee		
· · ·	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million		\$150 \$225 \$300	
PART A - ACTIVITIES						
For your most recent full accounting period (beginning $01/01/2018$ ending $12/31/2018$) list: Gross annual revenue \$ $1,775,781$ Total assets \$ $1,860,081$						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT						
Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.						
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization					No	
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had					1,7	
any financial interest?During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property					X	
or funds?					Х	
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?					Х	
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.					x	
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.					х	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.					Х	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating						
the number of raffles and the date(s) they occurred. 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is					X	
operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.					Х	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?					x	
Organization's area code and telephone number 650-995-7502						
Organization's e-mail address CONNIE.NG@PHOENIXBIOINFORMATICS.ORG						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.						
CONNIE NG CFO						
Signature of authorized officer Printed Name Title Date						