#### EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2019 calendar year, or tax year beginning and ending	g		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Г	Addres	PHOENIX BIOINFORMATICS CORPORATION			
	Name change			46-36009	00
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) Room/s 7100 STEVENSON BLVD 403	suite	E Telephone numbe 650-995-	
	termin- ated			G Gross receipts \$	2,205,303.
	Amend	FREMONT, CA 94538		H(a) Is this a group re	
F	Application			for subordinates	77
	pendin	a	CA	<b>H(b)</b> Are all subordinates in	
$\overline{}$	Tax-exe	empt status: X 501(c)(3)	527		list. (see instructions)
		e: ► PHOENIXBIOINFORMATICS.ORG	-	H(c) Group exemption	,
					■ State of legal domicile: CA
		Summary		·	···
_	1	Briefly describe the organization's mission or most significant activities: DEVELOP	AN	ECONOMICAL	LY AND
Governance	'	TEĆHNOLOGICALLY SUSTAINABLE BUSINESS MODEL A	AND	PLATFORM T	HAT
rna	2	Check this box  if the organization discontinued its operations or disposed of	more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		з	9
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
es 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			18
ξ	6	Total number of volunteers (estimate if necessary)			0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		575,013.	923,913.
er	9	Program service revenue (Part VIII, line 2g)		1,175,454.	1,234,214.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,551.	17,806.
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,763.	29,370.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,775,781.	2,205,303.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,291,828.	1,173,866.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b '	Total fundraising expenses (Part IX, column (D), line 25)		E20 0EC	400 222
_	1/ '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		520,856. 1,812,684.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-36,903.	
		Revenue less expenses. Subtract line 18 from line 12	l Dag		
ts o		Tabel access (Days V. King 10)	Бед	inning of Current Year 1,860,081.	End of Year 2,281,546.
ASSE Rais	20	Total assets (Part X, line 16)	-	1,101,286.	933,691.
Net Assets or Find Balances	21 22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		758,795.	1,347,855.
	art II	Signature Block		73077331	1/01//0000
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and si	tateme	nts, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			,,
_	,	<u> </u>			
Sig	an I	Signature of officer		Date	
He		CONNIE NG, CFO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN
Pai		JACQUELYN HOWELL		if self-employ	P01327223
Pre		Firm's name ATHERTON & ASSOCIATES, LLP		Firm's EIN	94-1239084
Use	e Only	Firm's address P.O. BOX 4339			
_		MODESTO, CA 95352-4339		Phone no. ( 2	09) 577-4800
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Briefly describe the organization's mission:   DEVELOP AN ECONOMICALLY AND TECHNOLOGICALLY SUSTAINABLE BUSINESS MODEL AND PLATFORM THAT 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 prior form 300 r990+27   Yes XINo Have, 'describe these new services on Schedule O.   If 'Yes,' describe these new services on Schedule O.   If 'Yes,' describe these new services on Schedule O.   Wes,' describe these changes of Schedule O.   Wes	Pai	rt III Statement of Program Service Accomplishments	
DEVELOP AN ECONOMICALLY AND TECHNOLOGICALLY SUSTAINABLE BUSINESS MODEL AND PLAFFORM THAT PROVIDES THE RESURCES TO ALLOW SCIENTIFIC DATABASES TO PERSIST, GROW AND PROSPER. INTEGRATE AND SYSTEMATICALLY ORGANIZE TRUSTED DATA INTO KNOWLEDGE BASES AND DEVELOP TOOLS THAT ENABLE REUSE  Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980 €27  If Yes, 'Gooder's these new services on Schedule O.  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		Check if Schedule O contains a response or note to any line in this Part III	X
AND PLATFORM THAT 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 por Form 300 of 930627	1		
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 980 or 990 E27    Yes   X  No   If Yes, 'Gascing these new services on Schedule 0.   Obtained the organization cease conducting, or make significant changes in how it conducts, any program services?   Yes   X  No   If Yes, 'Gascing these changes on Schedule 0.   Obscribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.   Section 501(6)(3) and 501(6)(4) canginations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.   According 10(capture)   10(capture)   11(1) (1) (1) (1) (1) (1) (1) (1) (1) (			
TRUSTED DATA INTO KNOWLEDGE BASES AND DEVELOP TOOLS THAT ENABLE REUSE  2 Did the organization undetake any significant program services during the year which were not listed on the prior Form 980 or 990 EZ?  If "Yes," describe these new services on Schedule O.  3 Did the organization case conducting, or make significant changes in how it conducts, any program services?  If yes, "describe these changes on Schedule O.  3 Did the organization case conducting, or make significant changes in how it conducts, any program services.  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 reverse, if any, for each program service sported.  4a (cose			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27			
prior Form 990 or 990 EZ?    Yes   X No   If 'Yes,' describe these new services on Schedule O.			REUSE
If "Yes," describe these new services on Schedule O   Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	r	
30 bid the organization cease conducting, or make significant changes in how it conducts, any program services?			Yes LX_No
##Yes," describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(j(s) and 501c(j(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 (Costs: ) (Inspenses: 381,161. including grants of s) (Revenues: 1,171,868.)  DEVELOPMENT AND MAINTENIANCE OF TAIR (THE ARABIDOPSIS INFORMATION)  RESOURCE). A DATABASE OF SCIENTIFIC KNOWLEDGE ABOUT THE GROME AND PROTEOME OF THE REFERENCE PLANT ARABIDOPSIS THALIANA. NEW SCIENTIFIC INFORMATION WAS EXTRACTED FROM NEW RESEARCH ARTICLES AND ASSOCIATED TO THE ARABIDOPSIS GENES DISCUSSED IN THE PUBLIC WITHOUS. THE TAIR SCIENTIFIC DATABASE SERVED THE PUBLIC WITH OVER 2.5 MILLION SEPARATE VISITS TO THE SITE, OVER 14 MILLION INDIVIDUAL PAGE VIEWS, AND AVERAGE 58,000 UNIQUE VISITORS PER MONTH.  4b (Code: ) (Expenses: 732,385. including grants of s) (Revenues: 91,716.)  DEVELOPMENT OF LONG-TERM SUSTIALMBLE SOURCES OF FUNDING FOR SCIENTIFIC DATABASES TO SUPPORT THEIR OPERATIONS AND ENHANCE THEIR ABILITY TO SERVE THE RESEARCH COMMUNITY. WE SUPPORTED TWO EXTERNAL PARTMER DATABASES (BIOCYC AND REPBASE) BY ENABLING THEM TO BRING IN SUBSCRIPTION REVENUE AND MADE SCALABILITY AND PERFORMANCE IMPROVEMENTS TO OUR SUBSCRIPTION SUPPORT SOFTWARE PLATFORM.  4c (Code:) (Gipenses:		·	
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		1 112 546	)
	<u>4e</u>	Total program service expenses ► 1,113,340.	Form <b>990</b> (2019)

#### 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	<u> </u>
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			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<b>.</b>
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b> </b> ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Δ.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4415		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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	110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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#### Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			21
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25 a	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		X
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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		- 25
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			
	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35.5	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c		
	135			

#### 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 18								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	<b>2</b> b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a								
	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	ccounts (FBAR).								
5а	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		Х					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?									
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	Outres and the the married	_		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		Α.					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С			7c		x					
٨		7d	70							
e										
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organizations maintaining donor advised failes. Bid a donor advised failed maintained by the sponsoring organization have excess business holdings at any time during the year?									
9										
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		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							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the	405								
_	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c	14-		X					
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14a 14b		<del>                                     </del>					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
13	excess parachute payment(s) during the year?		15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.		.5							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.									
	, , , , , , , , , , , , , , , , , , , ,		Гана	990	(0010)					

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 on 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										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	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 on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, 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 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8											
а											
b											
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X								
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	and the second s										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	Х								
	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 arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	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, and 990-T (Section 501(c)(c)	3)s only	/) avai	lable							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	CONNIE NG - 650-995-7502										
	7100 STEVENSON BLVD, SUITE 403, FREMONT, CA 94538										

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## 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)	(C)					iout	(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Estimated	
	hours per	box	, unle	ss pe	rsoni	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	-					Ė	from the	from related organizations	other compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations E	al trus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TANYA BERARDINI	40.00	드	드	5	3	王亩	윤			
SECRETARY		Х		х				93,600.	0.	14,227.
(2) SUSAN AU	1.00								-	,
TREASURER		Х		х				0.	0.	0.
(3) ERIC LYONS	1.00									
CHAIRPERSON		Х		х				0.	0.	0.
(4) ANNE HAAKE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) LISA ALLEN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) TODD VISION	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MARY MARGARET SPRINKLE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) OXNAM MALIACA	1.00									
DIRECTOR		Х						0.	0.	0.
(9) EVA HUALA	40.00									
EXECUTIVE DIRECTOR				Х				135,000.	0.	11,124.
(10) CONNIE NG	40.00								_	
CHIEF FINANCIAL OFFICER				Х				121,187.	0.	20,238.
(11) TRILOK PRITHVI	40.00									
CHIEF TECHNICAL OFFICER	1000					Х		163,058.	0.	24,569.
(12) XINGGUO CHEN	40.00					l		115 650	•	14 210
SOFTWARE ENGINEER	40.00					X		117,650.	0.	14,310.
(13) SWAPNIL SAWANT	40.00							115 550	0	14 615
SOFTWARE ENGINEER						X		117,558.	0.	14,615.
		-								
		-	_	_		_	<u> </u>			
		$\mathbf{I}$								
				$\vdash$						
		1								

Pai	Tt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations		am	(F) stimate nount of other pensate	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		frorga	om the anization d relate anization	e ion ed
			-											
	Subtotal								748,053.		0.	9	9,08	83.
С	Total from continuation sheets to Part VI	II, Section A						<b>&gt;</b>	0. 748,053.		0.		99,083.	
2	Total number of individuals (including but n compensation from the organization							no r		0,000 of reportab	le			5
3	Did the organization list any <b>former</b> officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	Х	
Sec	rendered to the organization? If "Yes," comparison B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .					5		X
1	Complete this table for your five highest co the organization. Report compensation for	=	-								npens	ation f	rom	
	(A) Name and business	address	N	INC	E				<b>(B)</b> Description of s	ervices	С	(C Comper		า
											<u> </u>			
	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi						0		,	-			000 (0	

Га	rt V	Ш	_				5			
			Check if Schedule O	contains a re	sponse	or note to any li	ne in this Part VIII	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenuè excluded
								function revenue	business revenue	from tax under sections 512 - 514
S S	4	_	Federated campaigns	1.	а					000000000000000000000000000000000000000
ant	١.		Membership dues		b b		-			
٤ٍ ق			Fundraising events		c		-			
ifts ar A			Related organizations		d		-			
a,s			Government grants (contr		e		-			
Sign			All other contributions, gifts,		<del>-</del>					
but			similar amounts not included	-	f	923,913.				
Contributions, Gifts, Grants and Other Similar Amounts		а	Noncash contributions included in	··· ⊢	g \$	· · · · · · · · · · · · · · · · · · ·	-			
a Co		_	Total. Add lines 1a-1f	-		<b></b>	923,913.			
						Business Code				
ø	2	а	SUBSCRIPTION	REVENU	E	541700	1,199,128.	1,199,128.		
Program Service Revenue		b	PROGRAM SERVI	CES FE	ES	541700	35,086.			
Se		С								
eve eve		d								
90		е								
Δ.		f	All other program service	revenue						
		g	Total. Add lines 2a-2f			<b>&gt;</b>	1,234,214.			
	3		Investment income (include	ding dividend	ds, intere	est, and				
			other similar amounts)			<b>&gt;</b>	17,806.			17,806.
	4		Income from investment of							
	5		Royalties							
				I - · · ·	Real	(ii) Personal	_			
	6		Gross rents	6a			-			
			Less: rental expenses	6b			-			
			Rental income or (loss)	6c		<u> </u>				
	١_		Net rental income or (loss	$\overline{}$	urities	(ii) Othor				
	<b>'</b> '	а	Gross amount from sales of	"	unities	(ii) Other	-			
		<b>L</b>	assets other than inventory Less: cost or other basis	7a			-			
ō		D		7b						
Revenue		_	Gain or (loss)				-			
3e		ч	Net gain or (loss)	10		<u> </u>				
ē	l g		Gross income from fundraising			<u> </u>				
₹	ľ	_	including \$	,	of					
			contributions reported on							
			Part IV, line 18	•						
		b	Less: direct expenses							
			Net income or (loss) from			<b></b>				
	9	а	Gross income from gamin	g activities.	See					
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from	gaming activ	/ities <u></u>	<b></b>				
	10	а	Gross sales of inventory, I							
			and allowances							
		b Less: cost of goods sold10b								
	_	С	Net income or (loss) from	sales of inve	ntory	<u> </u>				
SI			OMITTED TRACES			Business Code	20 200	20 270		
ne ne	11		OTHER INCOME			900099	29,370.	29,370.		
llar ven		b								
Miscellaneous Revenue		C	All alls and				1			
Ξ			All other revenue				29,370.			
	12	е	Total. Add lines 11a-11d  Total revenue. See instruction			-	2,205,303.		0.	17,806.
	12		i otal i ovoliuo. Odd ilioti delle	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u>,,,</u>	<u>,_,_</u>		, , 5 5 5 6

#### 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	se or note to any line in			
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		onponess.	gerreral experience	5/1000
	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	395,376.		395,376.	
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	626,792.	555,309.	71,483.	
8	Pension plan accruals and contributions (include		25 245		
	section 401(k) and 403(b) employer contributions)	41,346.	35,946.	5,400.	
9	Other employee benefits	35,645.	31,477.	4,168.	
10	Payroll taxes	74,707.	42,685.	32,022.	
11	Fees for services (nonemployees):				
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.)	12,630.	10,455.	2,175.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	70,858.	47,475.	23,383.	
17	Travel	13,041.	7,874.	5,167.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00 101	22 (52		
19	Conferences, conventions, and meetings	29,491.	23,670.	5,821.	
20	Interest				
21	Payments to affiliates	100 105	100 005	0.000	
22	Depreciation, depletion, and amortization	129,197.	120,935.	8,262.	
23	Insurance	3,197.	2,645.	552.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUBAWARD EXPENSES	162,494.	162,494.		
b	DUES AND SUBSCRIPTIONS	61,046.	60,902.	144.	
С	TELEPHONES	4,063.	2,722.	1,341.	
d	SUPPLIES	4,063.	2,849.	1,214.	
e	All other expenses	8,142.	6,108.	2,034.	
25	Total functional expenses. Add lines 1 through 24e	1,672,088.	1,113,546.	558,542.	0
26	<b>Joint costs.</b> 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)				
	0 01-20-20		L	L	Form <b>990</b> (201

#### 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 666,794. 667,931. Cash - non-interest-bearing 1 712. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 36,974. 101,927. Accounts receivable, net 4 **5** Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use R 23,895. 3,891. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,435,564. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 760,762. 413,081. 674,802. b Less: accumulated depreciation 10b 10c 733,053. 806,702. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 5,576. 5,576. Other assets. See Part IV, line 11 15 15 1,860,081. 2,281,546. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 78,655. 155,417. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 772,309. 889,663. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 5,761. 2,350. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 50,445 80,377. 25 1,101,286. 933,691. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 758,795. 1,347,855. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund ..... 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 758,795. 1,347,855. Total net assets or fund balances 32 32

2,281,546. Form **990** (2019)

Total liabilities and net assets/fund balances ...

1,860,081.

33

Form	990 (2019) PHOENIX BIOINFORMATICS CORPORATION	46-3	600900	Pag	ge <b>12</b>				
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	2,205						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,672 533						
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5	5.5	8,8	45.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,347	, 8	<u>55.</u>				
Paı	rt XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			,	Yes	No				
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3а	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
Act and OMB Circular A-133?									
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								
			Form <b>9</b>	<b>990</b> (	2019)				

932012 01-20-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

PHOENIX BIOINFORMATICS CORPORATION

**Employer identification number** 46-3600900

Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instructions.				
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(	I)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (C	omplete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).				
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or			
		university:									
10	X	An organization that norma	lly 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	Ш	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 t	the functio	ons of, or to carry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See <b>section 509(a)(3).</b> 0	Check the box in			
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.				
а			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			•					-			
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). <b>You mus</b>									
С							• •	ed with,			
		its supported organization		•							
d											
		that is not functionally int	-	-	•		-	iveness			
		requirement (see instruct	·	-							
е		☐ Check this box if the orga					ı rype ı, rype ıı, rype ııı				
	Ente	functionally integrated, or er the number of supported of	• •	nally integrated support	ing organia	zation.					
'		vide the following information		ad organization(s)							
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (oce mondenting)							
	_										
Γota	al							l			

### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	,	,			12	
13	First five years. If the Form 990 is for						
80/	organization, check this box and stop etion C. Computation of Publ	here	roontago				<u></u>
	·		<u> </u>				
	Public support percentage for 2019 (I					14	%
	Public support percentage from 2018					15	<u>%</u>
Iba	33 1/3% support test - 2019. If the containing and life is						
	stop here. The organization qualifies						
D	33 1/3% support test - 2018. If the condition have						TIIS DOX
170	and <b>stop here.</b> The organization qual						or more
17 a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact meets the "facts-and-circumstances"			-		-	
h	10% -facts-and-circumstances tes						
D	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						
18	<b>Private foundation.</b> If the organization		-	•			
	ato roundation in the organizatio	dia not oncon a	SON OF HITC TO, TO	Ja, 100, 114, 01 11			or 990-EZ) 2019
					2011		

#### 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	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	499,060.	401,917.	337,084.	575,013.	923,913.	2,736,987.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,117,227.	1,299,003.	1,125,123.	1,175,455.	1,234,215.	5,951,023.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,616,287.	1,700,920.	1,462,207.	1,750,468.	2,158,128.	8,688,010.
7	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.)						8,688,010.
	ction B. Total Support						7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1,616,287.	1,700,920.	1,462,207.	1,750,468.	2,158,128.	8,688,010.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2.		3,865.		17,806.	36,224.
ŀ	Unrelated business taxable income			-	-	-	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b	2.		3,865.	14,551.	17,806.	36,224.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			2,310.	10,763.	29,370.	42,443.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,616,289.	1,700,920.	1,468,382.	1,775,782.	2,205,304.	8,766,677.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						▶∟
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (	line 8, column (f), d	livided by line 13,	column (f))		15	99.10 %
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	99.57 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>119</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.41 %
18	Investment income percentage from	<b>2018</b> Schedule A,	Part III, line 17			18	.25 %
19	a 33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qualit	ies as a publicly s	upported organiza	tion	►X
ŀ	o 33 1/3% support tests - 2018. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						▶Щ
20	Private foundation If the organization	n did not check a	hay an line 1/1 10	a or 10h chack th	nie hav and eag inc	tructions	

#### 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		
OD.		
3c		
4a		
4b		
_		
4c		
5a		
5b		
5c		
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7		
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8		
9a		
O!-		
9b		
9с		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)			.gc C
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	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		
c	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			
	71 11 0 0		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		
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	0-		
	that these activities constituted substantially all of its activities.	2a		
b				
	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	O.L		
9	activities but for the organization's involvement.  Perent of Supported Organizations Answer (a) and (b) holow	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b		Ja		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections 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		
b	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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	↑ V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). 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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

PHOENIX BIOINFORMATICS CORPORATION 46-3600900

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the lity to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \]
but it <b>must</b> answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

#### PHOENIX BIOINFORMATICS CORPORATION

46-3600900

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional 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	\$ 127,687.	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	\$ 796,197.	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 Part 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 11-06		\$	990 990-F7 or 990-PF) (2			

Employer identification number

Name of organization

X BIOINFORMATICS CORPO	RATION	46	5-3600900	
Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	tions to organizations described in s ) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that tot		
(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held	
Transferee's name, address, a			r to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held	
Transferee's name, address, a			r to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held	
(e) Transfe  Transferee's name, address, and ZIP + 4		fer of gift  Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held	
	(e) Transfer of gift			
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a	from any one contributor. Complete columns (a) through (e) and the following line ent completing Part III, enter the total of exclusively religious, chartishe, etc., contributions of \$1,000 or l Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift	Exclusively religious, charitable, etc., contributions to organizations described in section 5016(Z), (8), or (10) that to 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. entre). Such such such such such such such such s	

#### **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

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recreated	ation or education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic st		. 2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	panization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concentration	aggregate during the year
′	*     *  Amount of expenses incurred in monitoring, inspecting, name     *  *  *  *  *  *  *  *  *  *  *  *	diling of violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) abo	was satisfy the requirements of section 170/h//	\/D\/i\
0	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservat		
5	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.	inote to the organization o infanoial statements	That docombed the
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and I	palance sheet works
	of art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items.	·
b	If the organization elected, as permitted under FASB ASC 9		nce sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019

932051 10-02-19

Par	rt III   Organizations Maintaining (	Collections of A	rt, Hist	orical Tr	easures, d	or Othe	er Sim	ilar Asse	ts(conti	nued)	
3	Using the organization's acquisition, access	sion, and other record	ls, check	any of the	following tha	ıt make s	significar	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🖳 ı	oan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's of	collections and explai	n how th	ey further t	he organizati	on's exe	mpt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit							_	_		_
_	to be sold to raise funds rather than to be m								Yes		<u> No</u>
Par	rt IV Escrow and Custodial Arrar		ete if the	organizatio	n answered	"Yes" on	Form 9	90, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custoo								٦.,		٦
	on Form 990, Part X?							L	Yes		<b>∐</b> No
b	If "Yes," explain the arrangement in Part XII	and complete the fo	llowing to	able:				1	•		
	Danisais a balance						4-		Amoun	t	
	0 0										
	Additions during the year										
_	J /							+			
f 20	Ending balance  Did the organization include an amount on I								Yes		No
	If "Yes," explain the arrangement in Part XII		•								
	rt V Endowment Funds. Complete										
		(a) Current year		rior year	(c) Two year			e vears back	(e) Fou	r vears	back
1a	Beginning of year balance	<u> </u>	(2)	ior your	(6) )	- Suon	(4)	y our o buon	(0) : 02	. youre	
c											
	0.1										
	and programs										
f											
g											
2	Provide the estimated percentage of the cu		e (line 1g	g, column (a	a)) held as:	•					
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%	_								
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c she	ould equal 100%.									
3a	Are there endowment funds not in the poss	ession of the organization	ation tha	t are held a	nd administe	ered for t	he orgar	nization	,		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations										<u> </u>
b									. 3b		
4	Describe in Part XIII the intended uses of th		wment f	unds.							
Pai	rt VI Land, Buildings, and Equipr										
	Complete if the organization answere				1						
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumula preciatio		(d) Boo	k valu	ie
	Land										
b	Buildings			-	4 0 4 6		44			<u> </u>	44
	1				4,846.		11,:			3,7	11.
	Equipment			1,42	0,718.		749,	027.	67	Ι,0	91.
	Other								<u> </u>	4 ^	00
Total	II. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, colum	nn (B), line 1	'0c.)			▶	67	4,8	02.

Schedule D (Form 990) 2019

6 –	3	6	0	0	9	0	0	Page	1

(3) FUNDS HELD ON BEHALF OF GIRI  (4) FUNDS HELD ON BEHALF OF RFSUNY  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶ 80,375	Part VII Investments - Other Securities.			Tago C
(1) Financial derivatives (2) Closely held equity interests (3) Other (4) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(2) Closely held equity interests (3) Other (4) (B) (C) (D) (B) (F) (G) (G) (F) (G) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives			
(B) (C) (D) (E) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(2) Closely held equity interests			
G    C    C    C    C    C    C    C	(3) Other			
(C) (D) (C) (C) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(A)			
(b) (c) (c) (c) must equal form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.	(B)			
Column	(C)			
F  (G) (H)   Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (1)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (9)   (1)   (1)   (2)   (1)   (2)   (2)   (3)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)   (2)   (2)   (3)   (4)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)   (1)   (2)   (3)   (4)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)   (1)   (1)   (2)   (3)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)   (1)   (1)   (2)   (3)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)   (1)   (1)   (2)   (3)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)   (1)   (1)   (1)   (2)   (3)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (1)   (1)   (1)   (2)   (3)   (4)   (4)   (4)   (5)   (5)   (6)   (7)   (8)   (9)   (9)   (1)	(D)			
(6) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII] Investments - Program Related.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end of year market value   (1)	(E)			
(b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Book value (e) Book value (e) Book value (f) Boo	(F)			
Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9)   Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(G)			
Part VIII   Investments - Program Related.	(H)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10tal. (Coll. (t)) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  10tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Book value (d) Federal income taxes (e) FUNDS HELD ON BEHALF OF SRT (f) FORT SRT (g) FUNDS HELD ON BEHALF OF RFSUNY (g) FUNDS				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Total. (Col. (b) must equal form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) FUNDS HELD ON BEHALF OF SRI (d) FUNDS HELD ON BEHALF OF SRI (e) FUNDS HELD ON BEHALF OF RFSUNY (f) Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  (a) FUNDS HELD ON BEHALF OF RFSUNY (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) FUNDS HELD ON BEHALF OF SRI (e) FUNDS HELD ON BEHALF OF SRI (f) FUNDS HELD ON BEHALF OF SRI (g) FUNDS HELD ON BEHALF OF SRI (g) FUNDS HELD ON BEHALF OF RFSUNY	Part VIII Investments - Program Related.			
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part X  Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (6) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(2) (3) (4) (5) (6) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25.  (b) Book value  (b) Book value  (c) Funds (d) Pescription of liability (b) Book value  (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI (3) FUNDS HELD ON BEHALF OF GIRI (4) FUNDS HELD ON BEHALF OF GIRI (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  80 , 377	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part X   Other Assets.	(1)			
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI (3) FUNDS HELD ON BEHALF OF GIRI (4) FUNDS HELD ON BEHALF OF GIRI (5) (6) (6) (7) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(2)			
(5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description (i) Book value  (1) Federal income taxes  (2) FUNDS HELD ON BEHALF OF SRI (3) FUNDS HELD ON BEHALF OF GIRI (4) FUNDS HELD ON BEHALF OF GIRI (5) (6) (7) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶ 80,377	(3)			
(6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX	(4)			
(7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI (6, 6, 6, 9, 9, 9) (3) FUNDS HELD ON BEHALF OF GIRI (7, 13, 544) (4) FUNDS HELD ON BEHALF OF RFSUNY (13, 13, 544) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(5)			
(8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI 66,699 (3) FUNDS HELD ON BEHALF OF GIRI 13,544 (4) FUNDS HELD ON BEHALF OF RFSUNY 134 (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 80,377	(6)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   ▶	(7)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(8)			
Part IX	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI (66, 699) (3) FUNDS HELD ON BEHALF OF GIRI (13, 544) (4) FUNDS HELD ON BEHALF OF RFSUNY (13, 544) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) FUNDS HELD ON BEHALF OF SRI 66 6, 69  (3) FUNDS HELD ON BEHALF OF GIRI 13, 544  (4) FUNDS HELD ON BEHALF OF RFSUNY 134  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 80 , 377	Part IX Other Assets.			
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI (66, 599) (3) FUNDS HELD ON BEHALF OF GIRI (13, 544) (4) FUNDS HELD ON BEHALF OF RFSUNY (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 80, 377	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI (3) FUNDS HELD ON BEHALF OF GIRI (4) FUNDS HELD ON BEHALF OF RFSUNY (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Notal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(a)	Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI 66, 699 (3) FUNDS HELD ON BEHALF OF GIRI 13, 544 (4) FUNDS HELD ON BEHALF OF RFSUNY 134 (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(1)			
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI 66 , 699 (3) FUNDS HELD ON BEHALF OF GIRI 13 , 544 (4) FUNDS HELD ON BEHALF OF RFSUNY 134 (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 80 , 377	(2)			
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI 66, 699 (3) FUNDS HELD ON BEHALF OF GIRI 13, 544 (4) FUNDS HELD ON BEHALF OF RFSUNY 134 (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(3)			
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI 66, 699 (3) FUNDS HELD ON BEHALF OF GIRI 13, 544 (4) FUNDS HELD ON BEHALF OF RFSUNY 134 (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 80, 377	(4)			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI 66, 699 (3) FUNDS HELD ON BEHALF OF GIRI 13, 544 (4) FUNDS HELD ON BEHALF OF RFSUNY 134 (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 80, 377	(5)			
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) FUNDS HELD ON BEHALF OF SRI 66, 699  (3) FUNDS HELD ON BEHALF OF GIRI 13, 544  (4) FUNDS HELD ON BEHALF OF RFSUNY 134  (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(6)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) FUNDS HELD ON BEHALF OF SRI 66, 699  (3) FUNDS HELD ON BEHALF OF GIRI 13, 544  (4) FUNDS HELD ON BEHALF OF RFSUNY 134  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) FUNDS HELD ON BEHALF OF SRI 66, 699  (3) FUNDS HELD ON BEHALF OF GIRI 13, 544  (4) FUNDS HELD ON BEHALF OF RFSUNY 134  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8)			
Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) FUNDS HELD ON BEHALF OF SRI 66,699  (3) FUNDS HELD ON BEHALF OF GIRI 13,544  (4) FUNDS HELD ON BEHALF OF RFSUNY 134  (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 80,375	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) FUNDS HELD ON BEHALF OF SRI 66,699  (3) FUNDS HELD ON BEHALF OF GIRI 13,544  (4) FUNDS HELD ON BEHALF OF RFSUNY 134  (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		e 15.)	<b>&gt;</b>	
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) FUNDS HELD ON BEHALF OF SRI       66,699         (3) FUNDS HELD ON BEHALF OF GIRI       13,546         (4) FUNDS HELD ON BEHALF OF RFSUNY       134         (5)       (6)         (7)       (8)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Part X Other Liabilities.			
(1) Federal income taxes (2) FUNDS HELD ON BEHALF OF SRI (3) FUNDS HELD ON BEHALF OF GIRI (4) FUNDS HELD ON BEHALF OF RFSUNY (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶ 80,375		on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(2) FUNDS HELD ON BEHALF OF SRI       66,699         (3) FUNDS HELD ON BEHALF OF GIRI       13,544         (4) FUNDS HELD ON BEHALF OF RFSUNY       134         (5)       (6)         (7)       (8)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶	1. (a) Description of liability			(b) Book value
(3) FUNDS HELD ON BEHALF OF GIRI (4) FUNDS HELD ON BEHALF OF RFSUNY (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ■ 13,544	(1) Federal income taxes			
(4) FUNDS HELD ON BEHALF OF RFSUNY       134         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶	(2) FUNDS HELD ON BEHALF OF S	RI		66,699.
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  > 80,375	(3) FUNDS HELD ON BEHALF OF G	IRI		13,544.
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶ 80,377	(4) FUNDS HELD ON BEHALF OF R	FSUNY		134.
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶ 80,377	(5)			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  > 80,375				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  > 80,375				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  80,375				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
		e 25.)	<b>&gt;</b>	80,377.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				nat reports the

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

#### **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 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		X
	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		Λ
_	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		V
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
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) 2019

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(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)	163,058.	0.	0.	13,161.	11,408.	187,627.	0.
CHIEF TECHNICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							_
	(ii)							
	(i)							<u> </u>
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

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

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

### 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) (2019)

932211 09-06-19

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 2018 OR 2019.

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

THE COMPENSATION REVIEW WAS COMPLETED AT THE END OF 2019. 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 2020)

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. 1545-0047

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing of tl	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.			
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
-	rations required to file an income tax return other than Fe Form 7004 to request an extension of time to file incom			os, REMIC	Ss, and trusts	
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	r identification r	number (TIN)
Automatic 6-Mont All corporations required must use Form 7004 to reprint  Type or PHOENI: File by the due date for filing your return. See instructions.  Enter the Return Code for Application Is For Form 990 or Form 990-E. Form 990-BL Form 990-PF Form 990-T (sec. 401(a) or Form 990-T (trust other to the return the organization doo or If this is for a Group Fox If the organization nature organization nat	PHOENIX BIOINFORMATICS COR	PORAT	ION		46-3600	0900
due date for filing your	Number, street, and room or suite no. If a P.O. box, s 7100 STEVENSON BLVD, NO. 4	nsion of Time. Only submit original (no copies needed).  In income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts an extension of time to file income tax returns.  In income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts an extension of time to file income tax returns.  In income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts an extension or time to file income tax returns.  In income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts an extension of time to file income tax returns.  In income tax return other than form 990-T (including 1120-C filers), partnerships, REMICs, and trusts an extension of time to file income tax returns.  In income tax return other than form 990-T (including 1120-C filers), partnerships, REMICs, and trusts an extension of time until income tax returns.  In income tax return other than form 990-T (including 1120-C filers), partnerships, REMICs, and trusts and trust and trusts an				
Automar All corpora must use F  Type or print  File by the due date for filing your return. See instructions.  Enter the F  Application Is For  Form 990-Form 990-Form 990-Form 990-Form 990-Torm 990-Form 990-For	FREMONT, CA 94538					
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1
	ion					Return
	5 000 57	t				Code
			· · · · · · · · · · · · · · · · · · ·			07
						08
	,	t	,			09
		t				10
		t				11
Form 990		06	Form 8870			12
Telepl If the	none No. $\blacktriangleright$ $650-995-7502$ organization does not have an office or place of business	s in the Ur Group Exe	Fax No.  inited States, check this boxemption Number (GEN) I	f this is fo	r the whole gro	▶ □ up, check this
the	equest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization calendar year 2019 or tax year beginning  The tax year entered in line 1 is for less than 12 months, or the control of the c	anization's	s return for:		<u> </u>	return for
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.
<b>b</b> If the	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
est	imated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required, by			
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3с	\$	0.
Caution:	If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	3453-EO aı	nd Form 8879-E	O for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>886</b>	8 (Rev. 1-2020)

923841 12-30-19

TAXABLE YEAR **2019** 

### California Exempt Organization Annual Information Return

928941 12-04-19 FORM

199

California corporation number   California corporation number
Additional information. See instructions.    FEIN
Additional information. See instructions.    FEIN
Additional information. See instructions.    FEIN
Street address (suite or room)
Steet address (suite or room)   7100 STEVENSON BLVD, NO. 403   State   ZPr code
State   ZiP code   FREMONT   Foreign province/state/county
State   ZiP code   PREMONT   CA   94538
FREMONT  Foreign country name  Foreign province/state/county  A First Return  A First Return  B Amended Return  Yes X No  IRC Section 4947(a)(1) trust  Yes X No  D Final Information Return?  D Isosolved Surrendered (Withdrawn) Merged/Reorganized to Enter date: (mm/da/yyyy)  E Check accounting method: (1) Cash (2) X Accrusi (3) Other  F Federal return filed? (1) See instructions  B Stibis a group filing? See instructions  Yes X No  If Yes," what is the parent's name?  Did the organization have any changes to its guidelines not reported to the FTB? See instructions  No  Part I Complete Part I unless not required to file this form. See General Information B and C.  Receipts and Revenues  Receipts and Revenues  Foreign province/state/country  Yes X No  J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  No K Is the organization exempt under R&TC Section 23701g?  Ves X No  K Is the organization exempt under R&TC Section 23701d?  Ves X No  H Is this organization in a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required  No Did the organization file Form 100 or Form 10
A First Return B Amended Return B Amende
A First Return
B Amended Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?    Dissolved
D Final Information Return?    Dissolved
Enter date: (mm/dd/yyyy)  E Check accounting method: (1)
E Check accounting method: (1)
F Federal return filed? (1) • sort (2) • sort (2) • sort (3) • sch H (90) (4) \( \bar{X} \) Other 990 series  6 Is this a group filing? See instructions • Yes \( \bar{X} \) No If the organization file Form 100 or Form 109 to report taxable income? • Yes \( \bar{X} \) No If the organization in a group exemption Yes \( \bar{X} \) No If the organization under audit by the IRS or has the IRS audited in a prior year? • Yes \( \bar{X} \) No Organization have any changes to its guidelines not reported to the FTB? See instructions • Yes \( \bar{X} \) No  Part I Complete Part I unless not required to file this form. See General Information B and C.  Receipts and Revenues  Revenues  Revenues  Figure 1
F Federal return filed? (1) • sort (2) • sort (2) • sort (3) • sch H (90) (4) \( \bar{X} \) Other 990 series  6 Is this a group filing? See instructions • Yes \( \bar{X} \) No If the organization file Form 100 or Form 109 to report taxable income? • Yes \( \bar{X} \) No If the organization in a group exemption Yes \( \bar{X} \) No If the organization under audit by the IRS or has the IRS audited in a prior year? • Yes \( \bar{X} \) No Organization have any changes to its guidelines not reported to the FTB? See instructions • Yes \( \bar{X} \) No  Part I Complete Part I unless not required to file this form. See General Information B and C.  Receipts and Revenues  Revenues  Revenues  Figure 1
G Is this a group filing? See instructions  H Is this organization in a group exemption  If "Yes," what is the parent's name?  Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Part I Complete Part I unless not required to file this form. See General Information B and C.  Receipts and Revenues  Receipts and Revenues  Receipts and Revenues  P Total costs. Add line 5 and line 6  Total gross income. Subtract line 7 from line 4  P Total expenses and disbursements. From Side 2, Part II, line 18  Total gross income. Subtract line 7 from line 4  P Total costs or receipts over expenses and disbursements. Subtract line 9 from line 8  Texpenses  P Is federal Form 1023/1024 pending?  Date filed with IRS  Date filed wi
H Is this organization in a group exemption  If "Yes," what is the parent's name?  Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Part I Complete Part I unless not required to file this form. See General Information B and C.  Receipts and Revenues  Revenues  P Is federal Form 1023/1024 pending? Date filed with IRS  Date filed with IRS  Date filed with IRS  P Is federal Form 1023/1024 pending? Date filed with IRS  Date filed with IRS  Date filed with IRS  P Is federal Form 1023/1024 pending? Date filed with IRS  Date fi
H Is this organization in a group exemption  If "Yes," what is the parent's name?  Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Part I Complete Part I unless not required to file this form. See General Information B and C.  Receipts and Revenues  Revenues  P Is federal Form 1023/1024 pending? Date filed with IRS  Date filed with IRS  Date filed with IRS  P Is federal Form 1023/1024 pending? Date filed with IRS  Date filed with IRS  Date filed with IRS  P Is federal Form 1023/1024 pending? Date filed with IRS  Date fi
If "Yes," what is the parent's name?    IRS audited in a prior year?   Yes X No
P Is federal Form 1023/1024 pending? Date filed with IRS  Part I Complete Part I unless not required to file this form. See General Information B and C.    1 Gross sales or receipts from other sources. From Side 2, Part II, line 8
Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Part I Complete Part I unless not required to file this form. See General Information B and C.  I Gross sales or receipts from other sources. From Side 2, Part II, line 8  I Gross sales or receipts from other sources. From Side 2, Part II, line 8  I Gross contributions, gifts, grants, and similar amounts received  Gross contributions, gifts, grants, and similar amounts received  Total gross receipts for filing requirement test. Add line 1 through line 3.  Cost of goods sold  Cost of goods sold  Total costs. Add line 5 and line 6  Total gross income. Subtract line 7 from line 4  Expenses  Total gross income. Subtract line 7 from line 4  Expenses  Date filed with IRS  Date in the Incomplete and Incomplete and Information B and C.  Date of the Incomplete And In
Part   Complete Part   unless not required to file this form. See General Information B and C.    1 Gross sales or receipts from other sources. From Side 2, Part II, line 8
Receipts and Revenues  Receipts and Revenues  Total gross receipts for filing requirement test. Add line 1 through line 3.  Cost of goods sold  Cost or other basis, and sales expenses of assets sold  Total gross income. Subtract line 7 from line 4  Expenses  Total expenses and disbursements. From Side 2, Part II, line 18  Total expenses and disbursements. Subtract line 9 from line 8  Total expenses and disbursements. Subtract line 9 from line 8  Total pross income. Subtract line 5 and disbursements. Subtract line 9 from line 8  Total expenses and disbursements. Subtract line 9 from line 8  Total expenses and disbursements. Subtract line 9 from line 8  Total expenses and disbursements. Subtract line 9 from line 8  Total expenses and disbursements. Subtract line 9 from line 8
Receipts and Revenues  2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received 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 Information B.  5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4  Expenses  9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  0 2 0 3 923,913 0 0 4 2,205,303 0 0 6 0 0 0 7 0 0 0 8 2,205,303 0 0 9 0 1,672,088 0 0 1,672,088 0 0 1,672,088 0
Receipts and Revenues  2 Gross dues and assessments from members and affiliates  3 Gross contributions, gifts, grants, and similar amounts received 4 Total gross receipts for filing requirement test. Add line 1 through line 3. Total gross receipts for filing requirement test. Add line 1 through line 3. Total gross receipts for filing requirement test. Add line 1 through line 3. Total gross receipts for filing requirement test. Add line 3 through line 3. Total gross of goods sold  6 Cost of goods sold  7 Total costs. Add line 5 and line 6  8 Total gross income. Subtract line 7 from line 4  Expenses  9 Total expenses and disbursements. From Side 2, Part II, line 18  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  9 Total expenses and disbursements. Subtract line 9 from line 8  10 STMT 1  9 3 923, 913 0  2, 205, 303 0  0 00  0 00  0 00  1 00
Receipts and Revenues  3 Gross contributions, gifts, grants, and similar amounts received 5TMT 1 • 3 923,913 o  Total gross receipts for filing requirement test. Add line 1 through line 3.
Revenues 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 6 Cost or other basis, and sales expenses of assets sold 6 OO 7 Total costs. Add line 5 and line 6 7 OO 8 Total gross income. Subtract line 7 from line 4 8 Cost or other basis, and sales expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 1, 672, 088 OO 10 States of receipts over expenses and disbursements. Subtract line 9 from line 8 10 533, 215 OO
Revenues 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 6 Cost or other basis, and sales expenses of assets sold 6 OO 7 Total costs. Add line 5 and line 6 7 OO 8 Total gross income. Subtract line 7 from line 4 8 Cost or other basis, and sales expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 1, 672, 088 OO 10 States of receipts over expenses and disbursements. Subtract line 9 from line 8 10 533, 215 OO
Total costs. Add line 5 and line 6  8 Total gross income. Subtract line 7 from line 4  Expenses  9 Total expenses and disbursements. From Side 2, Part II, line 18  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  7  9 Total expenses and disbursements. From Side 2, Part II, line 18  9 1, 672, 088 0  533, 215 0
Total costs. Add line 5 and line 6  8 Total gross income. Subtract line 7 from line 4  Expenses  9 Total expenses and disbursements. From Side 2, Part II, line 18  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  7  9 Total expenses and disbursements. From Side 2, Part II, line 18  9 1, 672, 088 0  533, 215 0
Expenses 1 Total gross income. Subtract line 7 from line 4
Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 1,672,088 of Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 533,215 of Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 533,215 of Excess of receipts over expenses and disbursements.
Expenses 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8
11   Total payments   •   11   0
12 Use tax. See General Information K
13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 • 13 0
Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12
15 Filing fee \$10 or \$25. See General Information F 15 10 o
16 Penalties and Interest. See General Information J   16     16 O
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge.
Sign
Here Signature of officer CFO
Date Check if ● PTIN
Preparer's signature   Pol 1 3 2 7 2 2 3  Pol 1 3 2 7 2 2 3
Paid Firm's name
Preparer's Or yours, ATHERTON & ASSOCIATES LID
Use Only Use Only P.O. BOX 4339
and address MODESTO, CA 95352-4339 (209) 577-480
May the FTB discuss this return with the preparer shown above? See instructions • 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.

		1	Gross sales or receipts from all	business activities. See instruc	ctions		•	1			00
		2	Interest				•	2		2	2 00
		3 Dividends								17,804	1 00
Recei	ipts	4					_	4			00
from		5	Gross royalties				•	5			00
Other		6	Gross amount received from sa	e of assets (See Instructions)			•	6		4 060 50	00
Sourc	es	7	Other income			SEE STA	TEMENT 2 •	7		1,263,584	1 00
		8	Total gross sales or receipts fro		-			8		1,281,390	
		9	Contributions, gifts, grants, and					9			00
		10	Disbursements to or for member	irs and trustees		CEE CTA	 ΨΕΜΕΝΤΌ ? •	10 11		395,376	00
		11 12	Compensation of officers, direct	ors, and trustees		SEE SIA	IIIMIINI J	12		626,792	
Exper	1000		Other salaries and wages					13		020,132	00
and	1363		Interest Taxes					14		74,707	
Disbu	ırse-		Rents					15		70,858	
ments		16	Depreciation and depletion (See	instructions)			•	16		129,197	7 00
		17	Other Expenses and Disbursem	ents		SEE STA	TEMENT 4 •	17		375,158	
			Total expenses and disburseme	nts. Add line 9 through line 17	. Enter here	and on Side 1. Pa	art I. line 9	18		1,672,088	
Sch	edu			Beginning of				of tax			
Asset	s			(a)		(b)	(c)			(d)	
<b>1</b> C	ash					667,506			•	668,6	544
			s receivable			36,974			•	101,9	927
			ceivable						•		
<b>4</b> Ir	nvento	ries <sub>.</sub>							•		
			state government obligations						•		
			in other bonds						•		
			in stock						•		
	Nortga					722 052			•	806,7	702
9 0	itner ir	1Vesti	ments STMT 5	1,044,646		733,053	1,435,5	6.1	•	000,7	/ U Z
10 a	Loce	ecian	le assets mulated depreciation	( 631,565		413,081		2 1		674,8	302
11 L				( 051,505		415,001	100,10	_	•	0/4,0	002
	anu Ither a		STMT 6			9,467			•	29,4	171
13 T	ntal a	ssets	·		1.	860,081				2,281,5	546
			et worth			333,332					
			yable			155,417			•	78,6	555
			s, gifts, or grants payable			-			•		
			otes payable						•		
			payable						•		
	ther li					945,869				855,0	36
<b>19</b> 0	apital	stock	or principal fund						•		
			tal surplus. Attach reconciliation						•		
			nings or income fund			758,795			•	1,347,8	355
			ties and net worth			860,081				2,281,5	46
Sch	edul	ie M		per books with income per redule if the amount on Schedule		olumn (d) in laa	c than \$50,000				
			<u> </u>				<u> </u>				
			per books				on books this year		•		
			me tax pital losses over capital gains			not included in th	ıs return s return not charged				
			recorded on books this year				s return not charged ome this year		•		
			corded on books this year not			rotal. Add line 7 a			<u> </u>		
	-		this return	•		Net income per re					
			ne 1 through line 5			Subtract line 9 fro				533,2	215
			J		<u> </u>		***************************************				

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST	ATEMENT	1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
ALFRED P. SLOAN FOUNDATION	630 FIFTH AVENUE, SUITE 2200 NEW YORK, NY 10111	12/31/19	127,68	7.
NATIONAL SCIENCE FOUNDATION	2415 EISENHOWER AVENUE ALEXANDRIA, VA 22314	12/31/19	796,19	7.
TOTAL INCLUDED ON LINE	3		923,88	4.
CA 199	OTHER INCOME	ST	ATEMENT	2
DESCRIPTION			AMOUNT	
OTHER INCOME SUBSCRIPTION REVENUE PROGRAM SERVICES FEES			29,37 1,199,12 35,08	8.
TOTAL TO FORM 199, PAR	T II, LINE 7		1,263,58	4.

CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
TANYA BERARDINI 7100 STEVENSON BLVD, NO. 403 FREMONT, CA 94538	SECRETARY 40.00	107,827.
SUSAN AU 7100 STEVENSON BLVD, NO. 403 FREMONT, CA 94538	TREASURER 1.00	0.
ERIC LYONS 7100 STEVENSON BLVD, NO. 403 FREMONT, CA 94538	CHAIRPERSON 1.00	0.
ANNE HAAKE 7100 STEVENSON BLVD, NO. 403 FREMONT, CA 94538	DIRECTOR 1.00	0.
LISA ALLEN 7100 STEVENSON BLVD, NO. 403 FREMONT, CA 94538	DIRECTOR 1.00	0.
TODD VISION 7100 STEVENSON BLVD, NO. 403 FREMONT, CA 94538	DIRECTOR 1.00	0.
MARY MARGARET SPRINKLE 7100 STEVENSON BLVD, NO. 403 FREMONT, CA 94538	DIRECTOR 1.00	0.
OXNAM MALIACA 7100 STEVENSON BLVD, NO. 403 FREMONT, CA 94538	DIRECTOR 1.00	0.
EVA HUALA 7100 STEVENSON BLVD, NO. 403 FREMONT, CA 94538	EXECUTIVE DIRECTOR 40.00	146,124.
CONNIE NG 7100 STEVENSON BLVD, NO. 403 FREMONT, CA 94538	CHIEF FINANCIAL OFFICER 40.00	141,425.
TOTAL TO FORM 199, PART II, LINE 11		395,376.

CA 199	OTHER	EXPENSES		STATEMENT	4
DESCRIPTION				AMOUNT	
SUBAWARD EXPENSES				162,49	94.
DUES AND SUBSCRIPTIONS				61,04	16.
TELEPHONES				4,06	
SUPPLIES				4,06	
PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS				41,34 35,64	
OTHER PROFESSIONAL FEES				12,63	
TRAVEL				13,04	
CONFERENCES AND CONVENTIONS				29,49	
INSURANCE				3,19	
ALL OTHER EXPENSES				8,14	12.
TOTAL TO FORM 199, PART II, LIN	E 17			375,15	58.
CA 199	OTHER :	INVESTMENTS		STATEMENT	5 ——
DESCRIPTION			BEG. OF YEAR	END OF YEA	λR
VARIOUS INVESTMENTS		•	733,053.	806,70	02.
TOTAL TO FORM 199, SCHEDULE L,	LINE 9	:	733,053.	806,70	02.
CA 199	OTHE	R ASSETS		STATEMENT	6
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
DDEDATO EVDENCEC AND DEFENDED CO	пурсьс		2 0 0 1	22 00	) E
PREPAID EXPENSES AND DEFERRED CI SECURITY DEPOSIT	HARGES		3,891. 5,576.	23,89 5,5	

CA 199 OTHER LIABILITI	ES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
FUNDS HELD ON BEHALF OF SRI FUNDS HELD ON BEHALF OF GIRI FUNDS HELD ON BEHALF OF RFSUNY DEFERRED REVENUE UNSECURED NOTES AND LOANS PAYABLE	50,445. 0. 0. 889,663. 5,761.	66,699. 13,544. 134. 772,309. 2,350.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	945,869.	855,036.

2019

# **Corporation Depreciation and Amortization**

CALIFORNIA FORM
3885

FORM 199 FEIN 46-3600900 Attach to Form 100 or Form 100W. Corporation name California corporation number 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 8 9 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 10 10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 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 2020. 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) (d) (c) (g) Depreciation (e) (h) Description of property Depreciation allowed or Date acquired Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis allowable in earlier years rate first year depreciation 1 DATABASE AND SOFTWARE 622,790SL 120,935 VARIOUS 1,400,666 5.00 LEASEHOLD IMPROVEMENTS VARIOUS 14,847 6,186SL 3.00 4,949 COMPUTER EQUIPMENT 2,589SL VARIOUS 20,051 5.00 3,313 TOTALS 1,435,564 631,565 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 129,197 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 (q) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 129,197 16 17 129.19 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 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 (g) Amortization (a) Description of property (e) R&TC (b) (c) (d) Date acquired Cost or Amortization allowed or Period or 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

### 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 "2019 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.

939035 11-12-19

\_ 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 CALIFORNIA FORM and Exempt Organizations e-filed Returns 2019 3586 (e-file)

000000 46-3600900 00000000000 19 FORM 3 PHOE

01-01-2019 TYE 12-31-2019 PHOENIX BIOINFORMATICS CORPORATION

7100 STE **VENSO** 

CA 94538 FREMONT

(650) 995-7502

Amount of Payment 10.

6181196

Date Accepted

TAXABLE YEAR

# California e-file Return Authorization for

**FORM** 8453-EO

Exempt Organizations	
Exempt Organization name	Identifying number
PHOENIX BIOINFORMATICS CORPORATION	46-3600900
Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts (Form 199, line 4)	11_2,205,303
2 Total gross income (Form 199, line 8)	2 2,205,303
3 Total expenses and disbursements (Form 199, line 9)	3 1,672,088
Part II Settle Your Account Electronically for Taxable Year 2019	
4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (m	nm/dd/yyyy)
Part III Banking Information (Have you verified the exempt organization's banking information?)	
5 Routing number	
6 Account number 7 Type of account: C	hecking Savings
Part IV Declaration of Officer	
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an elec on line 4a.	tronic funds withdrawal for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided t transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lir California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and com a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization r statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exem delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	nes of the exempt organization's 2019 in plete. If the exempt organization is filing or organization's fee liability, the exempt eturn and accompanying schedules and
Sign Here Signature of officer Date CFO Title	
Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.	
I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete	and correct to the best of my knowledge. (If I

am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt 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.

Date

| Check if

I Check

| ERO's PTIN

ERO Must			LLP	Check if also paid preparer X Check if self-employ		red P01327223   Firm's FEIN 94-1239084			
Sign	if self-employed) and address	P.O. BOX MODESTO,	4339 CA				ZIP code	95352-4339	
Under 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 Prepai	Paid preparer's signature			Date	Check if self- employ	ed	Paid	d preparer's PTIN	
Must Sign	Firm's name (or yours if self-employed) and address	if self-employed)			·		Firm's FE	EIN	
								ZIP code	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

## 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 four months and fifteen days 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

		Check if:	nge of address				
PHOENIX BIOINFORMATICS CORPORATION			ended report				
Name of Organization			·				
List all DBAs and names the organization uses or has used							
7100 STEVENSON BLVD, NO	403	01-1- 01	OT 0206499				
Address (Number and Street)	• 405	State Charity Registration Number CT 0206499					
FREMONT, CA 94538		Corporation	on or Organization No. 3601957				
	.NG@PHOENIXBIOINF						
650-995-7502 ORMATI	CS.ORG	Federal Er	mployer ID No. 46-3600900				
Telephone Number E-mail Address							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice							
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u>e</u>		
Less than \$25,000 0	Between \$100,001 and \$250,000				50		
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million Greater than \$50 million	\$22 \$30			
DADT A ACTIVITIES			Greater than \$50 million	<del></del>			
PART A - ACTIVITIES  For your most recent full accounting p	period (beginning 01/01/20)	19 endi	ng 12/31/2019 ) list:				
-							
	03 Noncash Contributions\$		0 Total Assets \$ 2,28	<u>1,5</u>	46		
Program Expenses \$	1,113,546	Total Expe	nses \$ 1,672,088				
PART B - STATEMENTS REGARDING ORGA	NIZATION DURING THE PERIOD (	OF THIS RE	PORT				
Note: All questions must be answered. If y	ou answer "yes" to any of the ques	tions belov	v, you must attach a separate page				
			1 instructions for information required.	Yes	No		
1. During this reporting period, were there as	•		· ·				
and any officer, director or trustee thereof	f, either directly or with an entity in w	hich any su	ch officer, director or trustee had		- v		
<ul><li>any financial interest?</li><li>During this reporting period, was there an</li></ul>	w that ambazzlament diversion or n	nicuso of th	o organization's obsvitable property		Х		
or funds?	y their, embezziement, diversion or r	nisuse or th	e organization's chantable property		Х		
2. During this reporting paried were any are	contration funds used to new any nen	alty fina av	iudament?				
During this reporting period, were any org	anization funds used to pay any pen	aity, fifte of	juaginent?		Х		
4. During this reporting period, were the serv	vices of a commercial fundraiser, fundraiser	draising cou	ınsel for charitable purposes, or				
commercial coventurer used?					Х		
5. During this reporting period, did the organ	nization receive any governmental fur	nding?			X		
					<del></del>		
6. During this reporting period, did the organ	nization hold a raffle for charitable pu	rposes?			Х		
7. Does the organization conduct a vehicle of	donation program?						
<u> </u>					X		
<ol> <li>Did the organization conduct an independ generally accepted accounting principles</li> </ol>		cial stateme	nts in accordance with		x		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?					Х		
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, and I am authorized to sign.							
	NIE NG ed Name	C	FO le Date				
organism of mathematical rigidity			Date				