WEGNER CPAS, LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

> ASAPBIO 600 16TH ST STE N312E SAN FRANCISCO, CA 94143-2517

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#### \*\* PUBLIC DISCLOSURE COPY \*\*

990

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

<u>A</u>	ror ui	e 2017 calendar year, or tax year beginning UAIN 9, 2017 and 6	ending D	EC 31, 201	<i>I</i>						
В	Check if applicab			D Employer identi	fication number						
	Addre										
	Name chang	Doing business as		81-4	1921243						
2	Initial return		Room/suite	E Telephone numb	er -614-1411						
	Final return termir										
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,001,831.						
F	return	DAN FRANCISCO, CA 34143-2317		H(a) Is this a group							
	Application pendi			for subordinate							
	SAME AS C ABOVE   H(b) Are all subordinates included?   Yes   No										
		empt status: X 501(c)(3) 501(c) ( )	or 527	1 '	a list. (see instructions)						
	J Website: ► ASAPBIO.ORG  H(c) Group exemption number ►										
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2017	M State of legal domicile: CA						
P	art I	Summary									
ø	1	Briefly describe the organization's mission or most significant activities: $IN$ $EI$	ARLY 2	017, ASAPB	IO PLANNED						
auc		TO FACILITATE THE TECHNOLOGICAL DEVELOPME	ENT AN	D OPERATION	N OF AN						
ű	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net							
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3								
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4							
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5							
έĖ	6	Total number of volunteers (estimate if necessary)		6							
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		72	0.						
_		Net unrelated business taxable income from Form 990-T, line 34			0.						
				Prior Year	Current Year						
Φ	8	Contributions and grants (Part VIII, line 1h)			1,001,498.						
n.	9	Program service revenue (Part VIII, line 2g)			0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			333.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			1,001,831.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.						
Ś	15	Coloring other componentian ampleyed benefits (Part IV column (A) lines 5.10)			0.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)			0.						
g	b	Total fundraising expenses (Part IX, column (D), line 25)  1, 20	00.								
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,689.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			7,689.						
	19	Revenue less expenses. Subtract line 18 from line 12			994,142.						
Net Assets or Fund Balances	3	·		ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		· · ·	994,142.						
ASS	21	Total liabilities (Part X, line 26)			0.						
Set	22	Net assets or fund balances. Subtract line 21 from line 20			994,142.						
P	art II	Signature Block	•								
Unc	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of r	ny knowledge and belief, it is						
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.							
		The state of the s		2018-	11-15						
Sig	ın	Signature of officer		Date							
He		▲ JESSICA POLKA, EXECUTIVE DIRECTOR									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature \(\frac{\fir\fir\fir\fir\f{\frac{\fir\fir\fir\f{\frac{\fir\fir\fir\fir\f{\fir\fir\fir\f{\frac{\fir\fir\f{\fir\f{\fir\f{\fir\fir\f{\fir\f{\	< [	Date Check	PTIN						
Pai	d	YIGIT UCTUM, CPA		11/14/18   if self-emplo	P01269549						
Pre	parer	Firm's name WEGNER CPAS, LLP	1	Firm's EIN	39-0974031						
	Only	Firm's address 230 PARK AVE FL 3		2							
	•	NEW YORK, NY 10169-0005		Phone no. 2	12-551-1724						
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		1:	Yes No						

Pa	till Statement of Program Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	ПC
	ASAPBIO IS ACCELERATING THE OPEN COMMUNICATION OF LIFE SCIENC	
	RESEARCH, PROMOTING THE ADVANCEMENT OF DISCOVERY AND THE DISS	EMINATION
	OF KNOWLEDGE FOR THE PUBLIC GOOD, AND EMPOWERING EARLY CAREER	
	RESEARCHERS WITH MECHANISMS FOR DEMONSTRATING THEIR PRODUCTIV	TTY.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X Yes No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "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 largest program services.	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	THE ORGANIZATION IS IN ITS INITIAL PHASE AND DID NOT CONDUCT .	ANY
	PROGRAM SERVICE ACTIVITIES DURING THE YEAR.	
4b	(Code:) (Expenses \$	)
4c	(Code:         ) (Expenses \$         including grants of \$         ) (Revenue \$	)
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses	
		Form <b>990</b> (2017)

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81-4921243 Page **3** 

# Form 990 (2017) ASAPBIO Part IV Checklist of Required Schedules

1 Is the organization described in section 501c(30) or 4947(47) (other than a private foundation)?  If Yes,* complete Schedule A, Schedule B, Schedule G, Centributora?  2 Is the organization required to complete Schedule B, Schedule G, Centributora?  3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes,* complete Schedule C, Part II  3 X  5 Section 501c(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax yea? If Yes,* complete Schedule C, Part II  5 Is the organization ascidon 501(b)(4), 501(b)(5), or 501(b)(6) organization that receives membership dues, assessments, or similar amounts as defined in Nevenue Procedule 98-19 If Yes,* complete Schedule C, Part II  5 Is the organization assessment in the receive of the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If Yes,* complete Schedule D, Part II  5 If the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes,* complete Schedule D, Part II  5 If the organization maintain collections of vorks of art, historical treasures, or other similar assests? If Yes,* complete Schedule D, Part II  6 If the organization intend part X, tine 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, tine or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes,* complete Schedule D, Part IV  7 If Yes,* complete Schedule D, Part IV  8 If the organization intend and mount for investments or provide advised to the securities in Part X, line 12 If Yes,* complete Schedule D, Part X II  8 If the organization report an amount for rivestments. Other securities in P				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributors 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 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 5 Is the organization section 501(e)(4) organization the organization and the organization of the organization section 501(e)(6) or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as addired in Revenue Procedule 9.7 part II organization against an expert of the Revenue Procedule 9.8 part II "Yes," complete Schedule 0.7 part II of the organization receive or held a conservation essement, including essements to preserve open space, the environment, instroic land areas, or historic structures? If "Yes," complete Schedule D, Part II organization receive or historic structures? If "Yes," complete Schedule D, Part II organization receive or historic structures? If "Yes," complete Schedule D, Part II organization report an amount in Part X, line 21, for escrow or outstodial account liability, serve as a custodian for amounts in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV organization, all received or part V in the organization asserts or any of the foliowing questions is "yes," then complete Schedule D, Part V if If the organization services?  If the organization sample and any of the foliowing questions is "yes," then complete Schedule D, Part V if If If the organization is part X, line 10? If "Yes," complete Schedule D, Part V if If If If Yes, and yes the organization in Part X, line 10? If "Yes," complete Schedule D, Part X ii If If If If Yes, and yes the organization included in part X, line 10? If "Yes," complete Schedule D, Part X ii I	1				
2 Is the organization required to complete Schedule 6, Schedule of Contributions 3 Did the organization engage in direct or indirect political campaing activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(N) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II 6 Did the organization as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II 7 Did the organization emantain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic call rease, or stories of the similar assets? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 Did the organization insert on amounts in Part X, line 21, for escrov or custodial account liability, serve as a custodian for amounts not listed in Part X is or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization indepth of a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VII 1 Did the organization report an amount for line part X, line 10 Part X, line		If "Yes," complete Schedule A	1		
specific office? If "Yes," complete Schedule C, Part I and the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax yea? If "Yes," complete Schedule C, Part II are organization assection 501(n) (d), 501(n)(s), or 501(n)(s), or 501(n)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III are organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts fil "Yes," complete Schedule D, Part II bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts fil "Yes," complete Schedule D, Part II bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III bid the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V bid the organization report an amount for investments - program elated in Part X, line 10? If "Yes," complete Schedule D, Part V line Did the organization report an amount for investments - program elated in Part X, line 10? If "Yes," complete Schedule D, Part V line Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X line 10 bid the organization report an amount for other assets in Part X, line 10 bid the organization report an amount for other assets in Part X, line 10 bid the organization report an amount for other assets in Part X, line 10 bid the orga	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Sction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule (P. Part III III III III III III III III III I	3		3		Х
during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section 501(6)(4), 501(6)), or 501(6)), o	4				
5 Is the organization a section 501c(i/k), 501c(i/s), 501c(i/s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.1981 "** Yes," complete Schedule D, Part III " 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization can be reviewed to desemble the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Schedule D, Part III Schedule D, Part			4		Х
similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part II  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts V, III  12 Did the organization report an amount for linvestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IVI  14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI  15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI  16 Did the organization signation obtain separate or consolidated financial statements f	5				
6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Pid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Pid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Pid the organization report an amount in Part X, iline 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Pies, "complete Schedule D, Part IV Pies," complete Schedule D, Part IV Pies, "complete Schedule D, Part IV Pies," complete Schedule D, Part IV Pid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Part IV Pid Par			5		X
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7			6		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   S   X    10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   Did the organization (flectly or through a related organization), hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   10 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII   11 X   Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   11 X   X   Did the organization report an amount for other assets 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   11 X   X   Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X   11 X   X   Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X   11 X   X   Did the organization or sparate or consolidated financial statements for the tax year rollude a fortonte that addresses the organization or begarate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X   11 X   X   X   Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule F, Parts I III III X   X   X   Did the organizatio	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization (receiv) or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11c X  11d X  Did the organization separate or consolidated financial statements for the tax year roundled by Part X  11d X  12d Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  11d Did the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X  11d Did the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  12d Did the organization report and Part X, column (A), line 3, more than \$5,000 of garegate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  12d Did the organizatio	9				
10   10   10   10   10   10   10   10					
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI V  2 Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X  3 Did the organization report an amount for investments or 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 11b X  4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X  5 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11th X  4 Did the organization is liability for uncertain tax positions under Filn 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11th X  5 Did the organization but in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII 12a X  5 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII 12b X  5 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII 12b X  6 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule P, P			9		X
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.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c 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  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  d Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's ilability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X VIII  12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional VII "Yes," and if the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E VIII VIII VIII VIII VIII VIII VIII V	10				
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.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  3 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  4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII  4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII  5 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III  6 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  7 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional III X X IIII  8 Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional III X X IIII X X III		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c 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  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X  11d	11				
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b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X 11c Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X 11c Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X 11c Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X 11c Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X 11d X 11d X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 11d X 11d X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 11d X 11d X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 11d X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 11d X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d Assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule E, Parts II and IV 11d Assets reported in Part X, line 16; If "Yes," complete Schedule E, Parts II and IV 11d He organization report on Part IX, column (A), line 3, mor	а		11a		Х
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	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х

Form **990** (2017)

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81-4921243 Page 4 Form 990 (2017) ASAPBIO
Part IV Checklist of Required Schedules (continued) ASAPBIO

			Yes	No
20a	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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25a	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			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			l
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ <del></del>
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ <del></del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	OOO.	(2017)

Form **990** (2017)

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Form 990 (2017) ASAPBIO 81-4921243 Page 5

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Service the number reported in Box 3 of Form 1096. Enter -0 -if not applicable   1a   0   0   0   0   0   0   0   0   0		Check if Schedule O Contains a response of note to any line in this Part V					
Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable						Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  E lefter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return  D If at least one is reported on line 24, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3			-	_			
dispatchingly winnings to prize winners?  a 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  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-//lie (see instructions)  3b Old the organization have unrelated business gross income of \$1,000 or more during the year?  3a If If Yes, 1 is set if field a Form 990-F1 for this year? If Wo, 1 to line 2b, provide an explanation in Schedule 0  3b If Yes, 1 is set if field a Form 990-F1 for this year? If Wo, 1 to line 2b, provide an explanation in Schedule 0  3b If Yes, 2 is set if the a Form 990-F1 for this year? If Wo, 1 to line 2b, provide an explanation in Schedule 0  3c If Yes, 2 is the strip of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account 1 and ore included the country of the country is the service of the country of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account 1 and 1 in the service of the country							
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendary year and ending with or within the year covered by this return  1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 A at any time during the calendary year, did the organization have an inferester, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account for foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 We see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 We see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 We see instructions on party to a prohibited tax shelter transaction?  5 If Yes, 1 to line 5a or 5b, did the organization file Form 8886-1?  6 Does the organization and anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5 If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Uit the organization releve a payment in excess of \$75 made party as a contribution of under party for goods and services provided to the payor?  7 If Yes, 1 did the organization notify the donor of the value of the goods or services provided?  7 If Yes, 1 did the organization network and payment in excess of \$75 made party as a contribution of undersective of the value of the payment of	С						
Filed for the calendary year ending with or within the year covered by this return   2a   0   0   0   0   0   1   1   1   1   1					1c		
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it flied a Form 980-T for this year? If "No," to line 3b, provide an explanation in Schedule 0  3b If "Yes," has it flied a Form 980-T for this year? If "No," to line 3b, provide an explanation in Schedule 0  3b If "Yes," enter the name of the foreign country; Images a bank account, or other financial accounts?  4a If yes, the the mane of the foreign country; Images a bank account, control financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If one she 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?  5c If Yes, if of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, if old the organization nority the donor of the value of the goods or services provided?  7 If Yes, indicate the number of Forms 8282 filed during the year  9 If Yes, indicate the number of Forms 8282 filed during the year  9 If Yes, indicate the number of Forms 8282 filed during the year  9 If Yes, indicate the number of Forms 8282 filed during the year  9 If Yes, indicate the number of Forms 8282 filed during the year  9 If Yes, indicate the number of Forms 8282 filed during the year  9 If Yes, indicate the number of Forms 8282 filed during the year  9 Sonosoring organization make a distribution to a donor, donor advised funds.  10 Did the organization received a contribution of case, boats, singlenas, or other vehicles, did the organiza					-		
3a   3b   if "Yes," has it filed a Form 990-T for this year? if 'No," to line 3b, provide an explanation in Schedule O   3b   3b   if "Yes," has it filed a Form 990-T for this year? if 'No," to line 3b, provide an explanation in Schedule O   3b   4a any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).   5b   if "Yes," enter the name of the foreign country! ►   5c   5c   5c   5c   5c   5c   5c	b				2b		
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  5 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 d If "Yes," indicate the number of Forms 8282 filed during the year  7 c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 e Did the organization received any funds, directly or indirectly, on a personal benefit contract?  7 f Did the organization received a contribution of orans, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(2) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(2) qualified nonprofit health insurance issuers.  a Is the organization	va				62		Х
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Form 990 (2017) ASAPBIO 81-4921243 Page (

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

	Check if Schedule O contains a response or note to any line in this Part VI				X			
Sec	tion A. Governing Body and Management							
		_		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	8						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio	n						
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X			
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?		6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?		7a		Х			
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		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?		8a	Х				
b	Each committee with authority to act on behalf of the governing body?		8b		Х			
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 in Schedule O		9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
		r		Yes	No			
	Did the organization have local chapters, branches, or affiliates?		10a		X			
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	ļ.,.				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	orm?	11a	X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			3,7				
	in Schedule O how this was done		12c	X	37			
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14		Δ.			
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?				- V			
	The organization's CEO, Executive Director, or top management official		15a		X			
b	Other officers or key employees of the organization		15b					
40	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		40		х			
	taxable entity during the year?		16a					
D	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		4Ch					
500	exempt status with respect to such arrangements? tion C. Disclosure		16b					
	List the states with which a copy of this Form 990 is required to be filed ►CA , NY							
17 12	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)	e only a	vailah	No.				
18	for public inspection. Indicate how you made these available. Check all that apply.	o orny) a	vanal	и <del>С</del>				
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	dicy and	finan	cial				
.9	statements available to the public during the tax year.	noy, and	mai	olai				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	<b>-</b>						
	JESSICA POLKA - 267-614-1411							
	129 FRANKITH ST APT 115 CAMPRIDGE MA 02139-4100							

Form **990** (2017)

Form 990 (2017) ASAPBIO 81-4921243 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n	rganization compensate					ted any current officer, of	director, or trustee.				
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is be officer and a director/tru			on is both an		compensation	compensation	amount of	
	week			u a u	ii ccic	17 11 113	100)	from	from related	other	
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	3e or 0	stee			ısatec		(W-2/1099-MISC)	(88-2/1099-181130)	organization	
	organizations	truste	truste		yee	ımpeı		(** =* ** = * * * * * * * * * * * * * *		and related	
	below	idual	Institutional trustee	ie.	Key employee	est co oyee	er			organizations	
	line)	Indiv	Instii	Officer	Keye	Highest compensated employee	Former				
(1) RON VALE	1.00										
PRESIDENT		Х		Х				0.	0.	0.	
(2) CYNTHIA WOLBERGER	1.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(3) JAMES FRASER	1.00										
SECRETARY/TREASURER		Х		Х				0.	0.	0.	
(4) DANIEL COLON-RAMOS	1.00										
DIRECTOR		Х						0.	0.	0.	
(5) HAROLD VARMUS	1.00										
DIRECTOR		Х						0.	0.	0.	
(6) MARIA LEPTIN	1.00										
DIRECTOR		Х						0.	0.	0.	
(7) HARLAN KRUMHOLZ	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) TONY HYMAN	1.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(9) CARLY STRASSER	1.00								_	_	
DIRECTOR		Х						0.	0.	0.	
(10) JESSICA POLKA	2.00										
EXECUTIVE DIRECTOR				Х				0.	0.	0.	
							ļ				
		_		<u> </u>			<u> </u>				
		ŀ									

Form **990** (2017)

81-4921243 Page 8 ASAPBIO Form 990 (2017)

Par	t VII   Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)	_		(D)	(E)			(F)	
	Name and title	Average hours per				more	than		Reportable	Reportable			timate	
		week					is bot or/trus		compensation from	compensation from related			ount o	וע
		(list any	ector						the	organizatior	าร		oensa	tion
		hours for related	or din	8			ated		organization	(W-2/1099-MI	SC)		om the	
		organizations	trustee	al trust		99/	mpens		(W-2/1099-MISC)				anizati I relate	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner					nizatio	
		line)	In iệ	Insti	Officer	Key	High	Form						
			-											
					1	-	+							
			1											
				<u> </u>		-	_							
			_											
			-											
			1											
1b	Sub-total	1						<b></b>	0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportab	ıle			0
	compensation from the organization											$\overline{}$	Yes	No
3	Did the organization list any <b>former</b> officer,	director, or tru	uste	e. ke	ev er	olam	ovee	. or	highest compensated e	mplovee on	Ī			
	line 1a? If "Yes," complete Schedule J for s	,		,	,	•	,	•		. ,		3		X
4	For any individual listed on line 1a, is the su	-	le c	omp	ensa	atior	n and	d ot	her compensation from					
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a	•				•	•		ted organization or indiv	idual for services	3			Х
Sec	rendered to the organization? If "Yes," combined to the organization? If "Yes," combined to the organization?	ipiete Scriedui	e J i	or s	ucn	pers	son					5	l	Λ
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
	the organization. Report compensation for	· ·	-											
	(A)				_				(B)			(C		
	Name and business	address	N	INC	<u> </u>				Description of s	services	<u> </u>	comper	nsation	า
											<u> </u>			
											<u> </u>			
2	Total number of independent contractors (i	including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi					(	0		,					
												Form 9	aan /c	017

732008 11-28-17

81-4921243 Page **9** 

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
र ध	1 2	Federated campaigns	1a					012 014
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
يّ ق								
ifts		Fundraising events						
nia Big		Related organizations	·····	7,689.				
Sir		Government grants (contributions gifts grant	·	7,000.				
uti e	T	All other contributions, gifts, grant		993,809.				
QE Otto		similar amounts not included abov		993,009.	1			
o u	_	Noncash contributions included in lines			1,001,498.			
9	n	Total. Add lines 1a-1f						
	•			Business Code				
/ice	2 a							
Ser	b							
wen S	C							
gra Re	C							
Program Service Revenue	e	•						
_		All other program service reve						
_		Total. Add lines 2a-2f						
	3	Investment income (including			333.			333.
	4	other similar amounts)			333.			333.
	4 5							
	5	Royalties	(i) Real					
	6 -	Cross rents	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)  Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	, ,	assets other than inventory	(i) Securities	(ii) Other				
	<b>h</b>	Less: cost or other basis						
	L	and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
nue	-	including \$	of					
Reveni		contributions reported on line						
Ř		Part IV, line 18	•					
Other I	b	Less: direct expenses						
Ó		: Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		: Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		: Net income or (loss) from sale:						
		Miscellaneous Revenu		Business Code				
	11 a	<u> </u>						
	b	)	· · · · · · · · · · · · · · · · · · ·					
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d			4 001 551			
	12	Total revenue. See instructions.		<b></b>	μ,001,831 <b>.</b>	0.	0.	333.

81-4921243 Page 10

Form 990 (2017)

ASAPBIO

Part IX   Statement of Functional Expense
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Jecu	Check if Schedule O contains a response or note to any line in this Part IX  Do not include amounts reported on lines 6b,  (A)  (B)  (C)  (D)								
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)				
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses				
1	Grants and other assistance to domestic organizations		скраново	gorioral experiess	скропосс				
	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								
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								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
а	Management								
b	Legal								
С.	Accounting								
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17								
f ~	Other. (If line 11g amount exceeds 10% of line 25,								
g	column (A) amount, list line 11g expenses on Sch 0.)								
12	Advertising and promotion								
13	Office expenses	5,701.		4,501.	1,200.				
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,988.		1,988.					
23	Insurance Other expenses. Itemize expenses not covered	1,500.		1,500.					
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
a									
b									
۲ C									
d e	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	7,689.	0.	6,489.	1,200.				
26	Joint costs. Complete this line only if the organization	.,		-, 200	_,				
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

81-4921243 Page 11

Form 990 (2017)
Part X Balance Sheet ASAPBIO

		Check if Schedule O contains a response or note to any line in this Part X			
		22 253346 2 35446 255p535 of field to dry fill of the fill of the fill of	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	43,784.
	2	Savings and temporary cash investments		2	950,358.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţs		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
٩	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	994,142.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	334,144.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities		20 21	
"	22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
ig		Complete Part II of Schedule L		22	
Lie	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets		27	358.
ala	28	Temporarily restricted net assets		28	993,784.
В	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
<b>A</b> SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	0.	33	994,142.
	34	Total liabilities and net assets/fund balances	0.	34	994,142.

Form **990** (2017)

Form 990 (2017) ASAPBIO 81-4921243 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2			89.
3	Revenue less expenses. Subtract line 2 from line 1	3	99	4,1	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	99	4,1	42.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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	Х	
	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ASAPBIO 81-4921243 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

#### 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) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1001498.	1001498.
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					1001498.	1001498.
	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)						973,747.
6	Public support. Subtract line 5 from line 4.						27,751.
	ction B. Total Support						, -
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	,	, ,	, ,	, ,	1001498.	1001498.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					333.	333.
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						1001831.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	•	,				
	organization, check this box and stop	-			•		<b>▶</b> X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			column (f))		14	%
15	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2016. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and <b>stop I</b>	<b>here.</b> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	าe "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	s ▶□

Schedule A (Form 990 or 990-EZ) 2017

#### 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						
Cal	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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						_
٠	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/ -	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	•••	( ) 0040	(1) 0014	( ) 0045	( 1) 0040	1.10047	(0 T
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 6  Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
,	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
							<b>&gt;</b>
	ction C. Computation of Publ						
15	Public support percentage for 2017 (	ine 8, column (f) d	ivided by line 13, o	olumn (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	117 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2017. If the					33 1/3%, and line 1	
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

#### 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 (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		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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		<u> </u>
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	truction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete	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-functionall	y integr	ated Type III supporting org	ganization (see	
	instructions)				

Schedule A (Form 990 or 990-EZ) 2017

	1 ype in Non-i unctionally integrated 309	(a)(o) Supporting Orgo	arrizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	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 the	ne organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ASAPBIO	81-4921243 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART II, SECTION A, COLUMN E	
2017 WAS THE FIRST YEAR OF OPERATIONS FOR ASAPBIO. THE I	NCEPTION DATE
WAS JANUARY 9TH, 2017.	

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

2017

Employer identification number

AS	81-4921243					
Organization type (check of	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 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					
General Rule  X For an organization	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling tone contributor. Complete Parts I and II. See instructions for determining a contributor	g \$5,000 or more (in money or				
Special Rules						
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou, line 1. Complete Parts I and II.	or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributions is checked, enter l purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fithe 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) (2017)

Name of organization

Employer identification number

81-4921243

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		\$\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	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
	Name, address, and Zir + +	\$	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

ASAPBIO 81-4921243

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if a	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
		\$	

Name of organization Employer identification number 81-4921243 **ASAPBIO** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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

**Employer identification number** 81-4921243

	ASAPBIO		81-4921243
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, lin	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 advis	ed funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
			Yes No
Pai		ganization answered "Ves" on Form 990 [	
1	Purpose(s) of conservation easements held by the organizat	-	arry, mio 7.
•	Preservation of land for public use (e.g., recreation or e		prically important land area
	Protection of natural habitat	Preservation of a cert	•
	Preservation of open space	Freservation of a cert	med historic structure
2		find appearation contribution in the form	of a concentation accoment on the last
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form	Held at the End of the Tax Year
_	day of the tax year.		
a	Total number of conservation easements		
D	, , , , , , , , , , , , , , , , , , , ,	where in the dead in (a)	
C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year  Number of states where a subject to consumption on	assessment in Incontract	
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 i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the year
-			Manager and the state of the st
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
•	<b>\\$</b>		(I ) (A) (D) ()
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Dai	t III Organizations Maintaining Collections o	f Art Historical Treasures or O	thar Similar Assats
rai	Complete if the organization answered "Yes" on Form	-	thei Sillilai Assets.
ıa	If the organization elected, as permitted under SFAS 116 (AS	-	
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		l gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Simil	ar Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following th	at are a s	significant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	rams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	ner simila	ır assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?				Yes	No No
Pai	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered	"Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		-						7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:				1		
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo							L	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete in								1	
		(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administ	ered for	the organi	zation	_	
	by:									es No
	(i) unrelated organizations									
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	1				1				
	Description of property	(a) Cost or o			or other		ccumulat		(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation	<u> </u>		
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		· ·	(D) "	10 \			<del>.</del>  -		0.
Iota	. Add lines 1a through 1e. (Column (d) must e	quai ⊦orm 990, Part	x, colur	nn (B), line i	IUC.)			. •		U •

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(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. lir	ne 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		ne 11d. See Form 990, Part X, line 15.	1 (1) 5
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	a 15 )		<u> </u>
Part X Other Liabilities.	5 10.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11e or 11f. See Form 990. Part X. line 2	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 25.)▶		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	e to the organization's financial statement	s that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017

Pai	rt XI Reconciliation of Revenue per Audited Financial St		nue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, I		1.1	1 001 021
1	Total revenue, gains, and other support per audited financial statements		1	1,001,831.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
а	<b>y</b> , , , , , , , , , , , , , , , , , , ,			
b	***************************************			
C C	Recoveries of prior year grants			
d			20	0.
e	J			1,001,831
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1,001,031
		4a		
a b				
	Add lines 4a and 4b	<u> </u>	4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12			1,001,831
	rt XII   Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV, I		•	
1	Total expenses and losses per audited financial statements		1	7,689.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			·
а		2a		
b				
С	0.1			
d				
е		· · · · · · · · · · · · · · · · · · ·	2e	0.
3	Subtract line 2e from line 1			7,689.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	18.)	5	7,689.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		T art v, iii 0 , T art /	,, mo 2, r are xi,

#### **SCHEDULE 0**

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

**ASAPBIO** 

**Employer identification number** 81-4921243

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ARCHIVE AND SEARCH TOOL FOR PREPRINTS IN THE LIFE SCIENCES ACCORDING TO PRINCIPLES SET OUT BY A CONSORTIUM OF RESEARCH FUNDERS. HOWEVER, RAPID CHANGES IN THE PREPRINT ECOSYSTEM PROMPTED US TO HALT THESE PLANS, CONDUCT A LANDSCAPING EXCERCISE THAT CULMINATED IN A MEETING TO DISCUSS TECHNOLOGICAL GAPS IN THE EXISTING PREPRINT ECOSYSTEM, AND ULTIMATELY REFOCUS OUR PREPRINT EFFORTS ON INCREASING AWARENESS AND PROMOTING BEST PRACTICES FOR THEIR USE. AT THE SAME TIME, WE BEGAN EXPLORING AND ADVOCATING FOR INCREASED TRANSPARENCY IN PEER REVIEW.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

ASAPBIO EXPLORED OUTSTANDING QUESTIONS IN PEER REVIEW IN THE LIFE SCIENCES AND BEGAN ORGANIZING A MEETING IN COLLABORATION WITH HOWARD HUGHES MEDICAL INSTITUTE AND CZI: HTTP://ASAPBIO.ORG/PEER-REVIEW.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE PREPARED FORM 990 IS REVIEWED IN DETAIL BY A DESIGNATED MEMBER OF THEGOVERNING BODY WHO MAKES A REPORT TO THE REST OF THE GOVERNING BODY. THE ENTIRE GOVERNING BODY ALSO CONDUCTS A GENERAL REVIEW OF THE RETURN BEFORE IT IS FILED WITH THE IRS.

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) (2017)

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT  PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY  MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING	
MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING	
BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL	
CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING I	N_
THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	