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

> ASAPBIO 3739 BALBOA ST, #1038 SAN FRANCISCO, CA 94121

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# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 46-78-47

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Form	330	

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.

ΑΙ	For th	e 2021 calendar year, or tax year beginning and	ending		
B	Check if applicab	le: C Name of organization		D Employer identific	ation number
	Addre	ASAPBIO			
	Name chang		81-492124	13	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return	267-614-1	L411		
	termir ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	730,995.
	Amen return			H(a) Is this a group re	turn
	Applie tion	F Name and address of principal officer. U LOSICA FOLKA		for subordinates	? Yes 🗶 No
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: ASAPBIO.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2017 N	I State of legal domicile: CA
Pa	art I	Summary			
Ø	1	Briefly describe the organization's mission or most significant activities: ASAP			ROMOTE THE
ů Ľ		PRODUCTIVE USE OF PREPRINTS & OPEN PEER R	REVIEW.		
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	1 1	
Ň	3			13	
യ ത	4	Number of independent voting members of the governing body (Part VI, line 1b)		13	
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1
Activities &	6	Total number of volunteers (estimate if necessary)		6	40
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
		Contributions and swarts (Dart ) (III line 1b)		Prior Year 50,000.	Current Year 650,000.
an	8	Contributions and grants (Part VIII, line 1h)		27,248.	80,956.
Revenue	9	Program service revenue (Part VIII, line 2g)		138.	39.
Be	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	12			77,386.	730,995.
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		84,929.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0,525.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		241,912.	257,505.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	h	Total fundraising expenses (Part IX, column (D), line 25) 5, 4	98.	••	•••
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,947.	49,319.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		374,788.	306,824.
	19	Revenue less expenses. Subtract line 18 from line 12		-297,402.	424,171.
or	3	· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year
Assets - Balanc	20	Total assets (Part X, line 16)		716,805.	1,131,816.
ASS	21	Total liabilities (Part X, line 26)		14,401.	5,241.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		702,404.	1,126,575.
Pa	art II	Signature Block			

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

Sign	Signature of officer		Da	ate						
Here	JESSICA POLKA, EXECUTI	VE DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	YIGIT UCTUM, CPA	YIGIT UCTUM, CPA	10/04/2	22 self-employed P01269549						
Preparer	Firm's name 🕒 WEGNER CPAS LLP		Fi	rm's EIN 🕨 39-0974031						
Use Only	Firm's address 230 PARK AVE FL	3								
	NEW YORK, NY 10169-0005 Phone no. (212) 551-1724									
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	B-21 LHA For Paperwork Reduction Act Notion	e, see the separate instructions	s.	Form <b>990</b> (2021)						

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Par	t III Statement of Program Service Accomplishments		<b>v</b>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: ASAPBIO IS ACCELERATING THE OPEN COMMUNICATION OF LIFE	COTENCES	
	RESEARCH, PROMOTING THE ADVANCEMENT OF DISCOVERY AND TH		
	OF KNOWLEDGE FOR THE PUBLIC GOOD, AND EMPOWERING EARLY		
	RESEARCHERS WITH MECHANISMS FOR DEMONSTRATING THEIR PRO		
2	Did the organization undertake any significant program services during the year which were not listed on the	000110111.	
2	prior Form 990 or 990-EZ?	Ves	XN
	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	? Ves	XN
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •	
	revenue, if any, for each program service reported.	, , , , , , , , , , , , , , , , , , ,	
4a	(Code:) (Expenses \$281,743. including grants of \$0. ) (Rev	venue \$ 80,	956.
	ASAPBIO CATALYZED THE PRODUCTIVE USE OF PREPRINTS BY 1)		
	WORKSHOP AND FOLLOW-UP WORKING GROUPS TO IDENTIFY TECHN	ICAL PRACTICE	S
	TO BUILD TRUST IN PREPRINTS, 2) DEVELOPING NEW RESOURCE	S, SUCH AS	
	INFOGRAPHICS, ARTICLES, WEBINARS, AND PROJECTS ON PREPR		AND
	PREPRINTS IN THE COVID-19 PANDEMIC, AND 3) CONTINUING O		
	PROGRAMS, INCLUDING A HIGHLY-STRUCTURED TRAINING PROGRA		
	RESEARCHERS AND OTHER STAKEHOLDERS TO ADVOCATE FOR PREP	RINTS IN THEI	R
	OWN INSTITUTIONS AND FIELDS.		
	ASAPBIO MAINTAINED A REGISTRY OF INNOVATIVE PEER REVIEW	PROJECTS.	
	AGARRED GOLLARDANER WITHIN ENDO ON DEVITEM CONMONG & TOU		
	ASAPBIO COLLABORATED WITH EMBO ON REVIEW COMMONS, A JOU		
4b	(Code:) (Expenses \$ including grants of \$ ) (Ref	/enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	/enue \$	
4d	Other program services (Describe on Schedule O.)	Ň	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 281,743.	)	
			<b>990</b> (202
32002	SEE SCHEDULE O FOR CONTINUATION	S)	
	04 788028 13673.8AU01 2021.04030 ASAPBIO		1367

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form 990 (2021)

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	······		<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
04 -	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of th			<u> </u>
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a			<u>⊢</u> ^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241	)	—
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?	240		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
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	1	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b	,	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			$\square$
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
97				<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	llad		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28k	)	X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280	:	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			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			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			+
32		32		x
~~	Schedule N, Part II		_	<u></u>
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		<u> </u>
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			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	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	35k	)	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizat	on?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
		38	x	
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Bart V			
			N-	
		າ	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>	2		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	J 12-09-21	For	n <b>990</b>	(2021)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a 1</b>			
h		2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Δ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a			
	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1			
U	amounts due or received from them.) <b>11b</b>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			_
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			2
Sec	tion A. Governing Body and Management			<b>—</b>
	Enter the number of voting members of the governing body at the end of the tax year 13		Yes	
1a		4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 13			
	J	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			2
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		1
3		3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		2
- 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		2
6	Did the second string have excepted as the later of	6		2
0 7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or			1
14	more members of the governing body?	7a		2
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		11
U		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			-
a	The governing body?	8a	х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			$\vdash$
•	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		2
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1.0		_
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Σ
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		2
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Σ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ <b>CA</b> , <b>NY</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Upon request       Other (explain on Schedule O)			
40		al £	-:-I	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	a finan	ciai	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records $\blacktriangleright$			
	<u>JESSICA POLKA - 267-614-1411</u> 9 MEDFORD ST PH 11, SOMERVILLE, MA 02139-4100			
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32006	6 12-09-21 <b>7</b>	FUI	, 550	(20
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Form 990 (		81-4921243	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the organization's	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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	box, unless p		rson i	s botł	n an	compensation	compensation	amount of
	week		officer and a d		irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1420)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) JESSICA POLKA	40.00	_	_	-						
EXECUTIVE DIRECTOR				х				110,000.	0.	0.
(2) JAMES FRASER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) JENNIFER LIN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) PRACHEE AVASTHI	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) CYNTHIA WOLBERGER	1.00									
DIRECTOR (THRU MAY)		Х						0.	0.	0.
(6) DYCHE MULLINS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) OSMAN ALDIRDIRI	1.00									
DIRECTOR		Х						0.	0.	0.
(8) IAIN CHEESEMAN	1.00									
TREASURER		Х		X				0.	0.	0.
(9) PHIL BOURNE	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) RICHARD WILDER	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) THABISO MOTAUNG	1.00									_
DIRECTOR		Х						0.	0.	0.
(12) HEATHER JOSEPH	1.00									_
DIRECTOR		Х						0.	0.	0.
(13) KRISTEN RATAN	1.00									_
DIRECTOR		Х						0.	0.	0.
(14) MARK PATTERSON	1.00									_
DIRECTOR		Х						0.	0.	0.
(15) NEEDHI BHALLA	1.00									_
DIRECTOR		Х						0.	0.	0.
(16) JESSE BLOOM	1.00									-
DIRECTOR (THRU SEPT)		Х						0.	0.	0.
										Form <b>990</b> (2021)
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	990 (2021) ASAPBIO									81-4	9212	43	Pa	ge <b>8</b>
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average hours per	(do box	not c , unle:	(C Posi heck i ss per	<b>C)</b> itior more rson i	<b>)</b> than o s both	one n an	Compensated Employee (D) Reportable compensation	s (continued) (E) Reportable compensatio		Esti	(F) mateo	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer pr	Key employee	Highest compensated sonth, w	tee) Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s SC/	compo froi orgai	m the nizatio relate	e on ed
											-+			
	Subtotal Total from continuation sheets to Part VI								110,000.		0.			0.
	Total (add lines 1b and 1c)							o re	110,000.	000 of reportable	0.			0.
	compensation from the organization											\	/es	1 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual	, 				, 		· · · ·			3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	-	X
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors										<u></u>	5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	•	•						the organization's tax y	•	ensatio			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C) mpens		1
2	Total number of independent contractors (ir		nt lin	niter	1 to 1	thor	e lie	ted	above) who received mo	ore than				
-	\$100,000 of compensation from the organiz	0			0	(					F	orm <b>9</b>	<b>90</b> (2	021)

132008 12-09-21

Check # Schedule O contains a response or note to any line in the Part VII.         (A)         (B)           Value         (A)         (B)         (C)         Unrelated business revenue         (D)			(2021) ASAPBIO				81-4921	243 Page 9
and the second	Pa	rt VI	Statement of Revenue					
Total revenue     Realted or exempt Unction revenue     Unceited Unction revenue     Resetted compares Unceited or exempt Unction revenue     Resetted compares Unceited or exempt Unceited or exempt Unceited or exempt of Europhic and exempt of Eu			Check if Schedule O contains a response of	or note to any line			(-)	
Bottom       b       the       the         c       b       the       the       the         d       d       the       the       the         d       d       the       the       the         d       d       the       the       the       the         d       d       the       the       the       the         d       d       the       the       the       the         d       d       d       the       the       the       the         d       d       d       d       the       the       the       the         d       d       d       d       d       d       the					• •	Related or exempt	Unrelated	Revenue excluded
Bottom       b       the       the         c       b       the       the       the         d       d       the       the       the         d       d       the       the       the         d       d       the       the       the       the         d       d       the       the       the       the         d       d       the       the       the       the         d       d       d       the       the       the       the         d       d       d       d       the       the       the       the         d       d       d       d       d       d       the	ស ស	1 a	Federated campaigns 1a					
Business Code     Business Code       b     PREPRINT TECHNOLOGY CO       b     541900       c	rani	b						
Business Code     Business Code       b     PREPRINT TECHNOLOGY CO       b     541900       c	s, G	с	Fundraising events 1c					
Business Code     Business Code       b     PREPRINT TECHNOLOGY CO       b     541900       c	Gift: lar /	d	Related organizations 1d					
Business Code     Business Code       b     PREPRINT TECHNOLOGY CO       b     541900       c	imi) Simi	е						
Business Code     Business Code       b     PREPRINT TECHNOLOGY CO       b     541900       c	ibutior ther S	f		650,000.				
Business Code     Business Code       b     PREPRINT TECHNOLOGY CO       b     541900       c	ontr Id C	g	Noncash contributions included in lines 1a-1f					
2 a         PREPRINT TECHNOLOGY CO         541900         80,956.         80,956.           a         a         a         a         a         a           a         Total. Add ines 2a-21"         80,956.         a         a           a         Income from investment income (including dividends, interest, and other similar amounts).         39.         39.         39.           4         income from investment of tax exempt bond proceeds         a         a         a         39.           6         Gross rents         6a         a         a         b         a         a           6 a         Gross anout from sixes of assistent main income or (loss)         a         (i) Real         (i) Personal         a         a           7 a         Gross anout from sixes of assistent main income or (loss)         (i) Securities         (ii) Cher         a         assist soft main income or (loss)         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a <t< td=""><th>a C</th><td>h</td><td>Total. Add lines 1a-1f</td><td></td><td>650,000.</td><td></td><td></td><td></td></t<>	a C	h	Total. Add lines 1a-1f		650,000.			
Orgentiation       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       <		-			<u> </u>	90.056		
g       Total. Add lines 2a:21       80,956.         3       Investment income (including dividends, interest, and other similar amounts)       39.         4       income from investment of tax exempt bond proceeds       39.         5       Royalties       0) Real       0) Personal         6 a       Gross rents       6a       0) Real       0) Personal         6 a       Gross rents       6a       0) Real       0) Personal         7       Gross amount from sales of area income or (loss)       0) Securities       0) Other         7 a       Gross amount from sales of area income or (loss)       7a       0         0       Sec income from hundraising events (not including \$ of cost income from lundraising events (not including \$ of cost income from graining activities       0         8 a       Gross income from graining activities       0         9 a       Gross income from graining activities       0	ice	2 a		541900	80,956.	80,956.		
g       Total. Add lines 2a:21       80,956.         3       Investment income (including dividends, interest, and other similar amounts)       39.         4       income from investment of tax exempt bond proceeds       39.         5       Royalties       0) Real       0) Personal         6 a       Gross rents       6a       0) Real       0) Personal         6 a       Gross rents       6a       0) Real       0) Personal         7       Gross amount from sales of area income or (loss)       0) Securities       0) Other         7 a       Gross amount from sales of area income or (loss)       7a       0         0       Sec income from hundraising events (not including \$ of cost income from lundraising events (not including \$ of cost income from graining activities       0         8 a       Gross income from graining activities       0         9 a       Gross income from graining activities       0	ierv ue	b						
g       Total. Add lines 2a:21       80,956.         3       Investment income (including dividends, interest, and other similar amounts)       39.         4       income from investment of tax exempt bond proceeds       39.         5       Royalties       0) Real       0) Personal         6 a       Gross rents       6a       0) Real       0) Personal         6 a       Gross rents       6a       0) Real       0) Personal         7       Gross amount from sales of area income or (loss)       0) Securities       0) Other         7 a       Gross amount from sales of area income or (loss)       7a       0         0       Sec income from hundraising events (not including \$ of cost income from lundraising events (not including \$ of cost income from graining activities       0         8 a       Gross income from graining activities       0         9 a       Gross income from graining activities       0	m S ven	C						
g       Total. Add lines 2a:21       80,956.         3       Investment income (including dividends, interest, and other similar amounts)       39.         4       income from investment of tax exempt bond proceeds       39.         5       Royalties       0) Real       0) Personal         6 a       Gross rents       6a       0) Real       0) Personal         6 a       Gross rents       6a       0) Real       0) Personal         7       Gross amount from sales of area income or (loss)       0) Securities       0) Other         7 a       Gross amount from sales of area income or (loss)       7a       0         0       Sec income from hundraising events (not including \$ of cost income from lundraising events (not including \$ of cost income from graining activities       0         8 a       Gross income from graining activities       0         9 a       Gross income from graining activities       0	gra Re	u 0						
g Total. Add lines 2a/2f       >       80, 956.         3       investment income (including dividends, interest, and other similar amounts)       39.       39.         4       income from investment of tax exempt bond proceeds       >       39.       39.         5       Royalities       (i) Personal       6a           6       a Gross rents       6a       (ii) Personal           7       a Gross amout from sales of assets other than inventory factors also of assets other than inventory factors income from fundraising events       >           8       a Gross income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from fundraising events       >           9       Gross sincome from gaming activities       >            9       Gross income from fundraising events       >            9       Gross income from gaming activities       >             9       Gross income from gaming activities       >              9       Gross income from fundraising events       >	Pro	f						
3       Investment income (including dividends, interest, and other similar amounts)       39.       39.         4       Income from investment of tax-exempt bond proceeds        39.       39.         5       Royatties             6 a Gross rents       6a       (i) Peal       (ii) Personal           6 a Gross rents       6a       (ii) Real       (ii) Personal           7 a Gross amount from sales of assets other than invertory       b Less: cost or other basis and sales sepenses       7b            8 a Gross income from fundraising events (not including \$ ord			-		80,956.			
other similar amounts)       39.       39.         4       income from investment of tax-exempt bond proceeds       39.       39.         5       Royatites       0       10         6       a Gross rents       6       10         7       B Go       10       10         10       Less: rental expenses       60       10         7       a Gross amount from sales of assets other than inventory       10       10         8       a Gross income from fundraising events (not including \$ other than inventory including \$ other than inventory       10       10         8       a Gross income from fundraising events (not including \$ other than inventory including \$ other than inventory including \$ other than inventory       10       10         8       a Gross income from fundraising events (not including \$ other than inventory including \$ other       10       10         8       a Gross income from fundraising events (not including \$ other than inventory including \$		3			-			
4       Income from investment of tax-exempt bond proceeds       >         5       Royattes       >         6 a       Gross rents       6a         0       Rental income of (loss)       6c         7       a Gross anout from sales of a sets to the than inventor or (loss)       >         7       a Gross anout from sales of a sets to the than inventor or (loss)       >         7       a Gross anout from sales of a set of the taxis and sales expenses and the taxing events of contributions reported on line 1c). See Bab       >         8       a Gross income from fundraising events       >         9       a Gross income from gaming activities. See Part IV, line 18       Bab         9       a Gross soles of inventory, less returns and allowances       >         9       a dialowances       >         9       b Less: cost of goods sold       10b         10       a dialowances       >         9       a dialowances       >         9       a dialowances       >         10       a dialowances       >         10       a dialowances <th></th> <td></td> <td></td> <td></td> <td>39.</td> <td></td> <td></td> <td>39.</td>					39.			39.
6 a Gross rents       6a       (i) Real       (ii) Personal         b Less: rental expenses       6b       (iii) Personal         c Rental income or (loss)       6c       (iii) Other         a Gross amount from sales of assets other than inventory       iiii) (iii) Securities       (iii) Other         a Gross amount from sales of assets other than inventory       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		4						
6 a Gross rents       6a         b Less: rental expenses       6b         c Rental income or (loss)          7 a Gross amount from sales of assets other than inventory       () Securities         7 a Gross amount from sales of assets other than inventory       () Securities         90       c Gain or (loss)       () Securities         7 a Gross amount from sales of assets other than inventory       () Securities         a disale expenses       7b         7 a Gross income from from fundraising events (not including \$ of contributions reported on line 1c). See       () Securities         8 a Gross income from fundraising events       () Securities         9 a Gross income from gaming activities. See       () Securities         9 a Gross sales of inventory, less returns and allowances       () Securities         9 Less: cot of goods sold       () Securities         10 a Gross sales of inventory, less returns and allowances       () Securities         9 Less: cot of goods sold       () Securities         10 a Gross sales of inventory, less returns and allowances       () Securities         10 a Gross sales of inventory       () Sec		5	Royalties					
b       Less: rental expenses       6b         c       Rental income or (loss)       6c         d       Net rental income or (loss)       6c         7       Gross amount from sales of assets other than inventory       7a         b       Less: cost or other basis       7b         c       Gain or (loss)       7c         d       Net gain or (loss)       7c         g       Gross income from fundraising events (not including \$ contributions reported on line 1c). See       8a         g       Gross sincome from gaming activities. See       9a         g       Gross sincome from gaming activities. See       10a         d       Net income or (loss) from gaming activities       10a         d       Less: cost of goods sold				(ii) Personal				
c Rental income or (loss) Gc   d Net rental income or (loss) (l) Securities   f a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   and sales expenses 7b   c Gain or (loss)   d Net gain or		6 a		I				
d Net rental income or (loss)   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis   and sales expenses 7b   c Cain or (loss)   d Net gain gaining activities		b	· ···	I				
7 a Gross amount from sales of assets other than inventory       7a       (i) Securities       (ii) Other         7a Gross amount from sales of assets other than inventory       7a       7a       100         0 Less: cost or other basis and sales expenses       7b       7a       100         c Gain or (loss)       7a       7a       100         c Gain or (loss)       7b       7c       100         d Net gain or (loss)       of       of       100         science from fundraising events (not including \$\$ of       of       100       100         0 Less: clirect expenses       8b       8b       100       100         9 a Gross income from gaming activities. See Part IV, line 19       9a       9b       9b       100         10 a Gross ales of inventory, less returns and allowances       10a       10a       10a       10a         10 a Gross ales of inventory, less returns and allowances       10a       10b       10b       10b         c Net income or (loss) from sales of inventory       I0a       10a       10a       10a         10 a Gross ales of inventory, less returns and allowances       10a       10a       10a       10a       10a         c Net income or (loss) from sales of inventory       Interevenue       Intervenue								
assets other than inventory       Ta       Ta         b Less: cost or other basis and sales expenses       Tb       Tc         c Gain or (loss)       Tc       Tc         d Net gain or (loss)       Tc       Tc         8 a Gross income from fundraising events (not including \$ or contributions reported on line 1c). See Part IV, line 18       Ba         b Less: direct expenses       Bb       Bb         c Net income or (loss) from fundraising events       See         9 a Gross income from gaming activities. See Part IV, line 19       See         9 a Gross ales of inventory, less returns and allowances       IDa         10 a Gross sales of inventory, less returns and allowances       IDa         10 a Gross sales of inventory, less returns and allowances       IDa         c Net income or (loss) from sales of inventory       See         a dallowances       IDa         11 a								
B       Less: cost or other basis and sales expenses       7b       7c         C       Gain or (loss)       7c       7c         B       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       B       B         b       Less: direct expenses       Bb       Bb         c       Net income or (loss) from fundraising events       A         g       a       Gross income from gaming activities. See Part IV, line 19       Ba         g       a       Gross sincome from gaming activities. See Part IV, line 19       Ba         g       a       Gross sincome from gaming activities. See Part IV, line 19       Ba         g       a       Gross sincome from gaming activities. See Part IV, line 19       Ba         g       a       Gross sincome from gaming activities. See Part IV, line 19       Ba         b       Less: direct expenses       Bb       Be         10       Gross sales of inventory, less returns and allowances       IOa       IOa         b       Less: cost of goods sold       IOa       IOa         c       Met income or (loss) from sales of inventory       IOa       IOa         c       Met income or (loss) from sales of inventory       IOa       IOa       IOa		/ a						
and sales expenses       7b         c       Gain or (loss)         d       Net gain or (loss)         o       ord         including \$		h						
end       c       Gain or (loss)       Tc       Tc         d       Net gain or (loss)	e	~						
a       Net gain or (loss)	enu	с						
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events          9 a Gross income from gaming activities. See       Part IV, line 19         9 b Less: direct expenses       9b         c Net income or (loss) from gaming activities. See       Part IV, line 19         9 a Gross sales of inventory, less returns and allowances       9b         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory          b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory          b Less: cost of goods sold       10b         c All other revenue          c All other revenue          c Total. Add lines 11a-11d          730, 995.       80, 956.       0.         39 a								
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events          9 a Gross income from gaming activities. See       Part IV, line 19         9 b Less: direct expenses       9b         c Net income or (loss) from gaming activities. See       Part IV, line 19         9 a Gross sales of inventory, less returns and allowances       9b         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory          b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory          b Less: cost of goods sold       10b         c All other revenue          c All other revenue          c Total. Add lines 11a-11d          730, 995.       80, 956.       0.         39 a	ler	8 a	Gross income from fundraising events (not					
Part IV, line 18       8a         b Less: direct expenses       8b         c Net income or (loss) from fundraising events          9 a Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities          10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory          b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory          b Less: cost of goods sold       10b         c All other revenue          d All other revenue          e Total. Add lines 11a-11d          730, 995.       80, 956.       0.         39.	đ		including \$ of					
b Less: direct expenses 8b   c Net income or (loss) from fundraising events   9 a   gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9b   c   Net income or (loss) from gaming activities   9a   9b   b   Less: direct expenses   9b   c   10 a   Gross sales of inventory, less returns   and allowances   10a   b   c   c   d   All other revenue   e   Total revenue. See instructions     730, 995.								
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   9b 9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Business Code     11 a   b   c   d   All other revenue   e   Total revenue. See instructions     730,9955.								
9 a Gross income from gaming activities. See   Part IV, line 19   b   Less: direct expenses   9b   c   10 a   Gross sales of inventory, less returns   and allowances   10 a   b   Less: cost of goods sold   10 b   c   Net income or (loss) from sales of inventory   b   Less: cost of goods sold   10 a   c   Net income or (loss) from sales of inventory   b   c   d   All other revenue   e   Total Add lines 11a-11d     730,995.		b						
Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   11 a Business Code   b C   c All other revenue   e Total. Add lines 11a-11d      730, 995. 80, 956. 0. 39.				····· ►				
b Less: direct expenses 9b   c Net income or (loss) from gaming activities   10 a   ard allowances 10a   and allowances 10a   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Main expense   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions		9 a						
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b E   c Business Code     b   c   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d   d    d   d <tr< td=""><th></th><td>-</td><td></td><td>  </td><td></td><td></td><td></td><td></td></tr<>		-						
10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   I1 a   b   c   d All other revenue   e Total. Add lines 11a-11d     12 Total revenue. See instructions     10 a     10 a   10 a   10 a   10 a   10 a   10 b   11 a   b   c   d All other revenue   e Total. Add lines 11a-11d     Y 730, 995.     80, 956.   0.   39.								
and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         b       Business Code         b       Business Code         c       Image: Code         d       All other revenue         e       Total revenue. See instructions         12       Total revenue. See instructions								
b Less: cost of goods sold 10b ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► − ► ► − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − −			-					
c       Net income or (loss) from sales of inventory       Image: Second		b						
11 a				<b>&gt;</b>				
e Total. Add lines 11a-11d         ▶         730,995.         80,956.         0.         39.	s			Business Code				
e Total. Add lines 11a-11d         ▶         730,995.         80,956.         0.         39.	sou:	11 a		ļ ļ				
e Total. Add lines 11a-11d         ▶         730,995.         80,956.         0.         39.	lane enu	b						
e Total. Add lines 11a-11d         ▶         730,995.         80,956.         0.         39.	Sev	С						
12         Total revenue. See instructions         ►         730,995.         80,956.         0.         39.	Mis	d						
					730 005	80 956	0	30
	13200							Form <b>990</b> (2021)

Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX	(C)	<u>(</u> 0)
not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees	110,000.	101,200.	4,400.	4,400
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	119,705.	119,341.	182.	182
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	4,400.	3,420.	980.	
Other employee benefits	4,524.	4,524.		
Payroll taxes	18,876.	18,122.	377.	37'
Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,595.		13,595.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	26,872.	26,872.		
Advertising and promotion	318.	318.		
Office expenses	1,169.	1,095.		74
Information technology	1,281.	907.		374
Royalties				
Occupancy	1,558.	1,509.	49.	
Travel	2,0001			
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest Payments to affiliates				
Depreciation, depletion, and amortization	714.	714.		
	2,164.	2,164.		
Insurance Other expenses. Itemize expenses not covered	2,1010	2,1010		
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule 0.)				
a   b				
	1,648.	1,557.		91
All other expenses	306,824.	281,743.	19,583.	5,498
Total functional expenses. Add lines 1 through 24e	500,024.	201,/4J.	• • • • • • • •	5,490
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

09331004 788028 13673.8AU01

13673.81

Form 990 (2021) ASAPBIO
Part IX Statement of Functional Expenses

09331004 788028 13673.8AU01

12

		Check if Schedule O contains a response or not	e to any	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			401,922.	1	724,856.
	2	Savings and temporary cash investments	286,921.	2	106,960.		
	3	Pledges and grants receivable, net			27,248.	3	300,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	tributor, or 35%			
		controlled entity or family member of any of thes	e persor	s		5	
	6	Loans and other receivables from other disquality	ied perso	ns (as defined			
		under section 4958(f)(1)), and persons described	l in sectio	n 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		2,336. 2,336.			
	b	Less: accumulated depreciation	10b	2,336.	714.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 33		716,805.	16	1,131,816.
	17	Accounts payable and accrued expenses	14,401.	17	5,241.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I		21			
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iabi		controlled entity or family member of any of thes		22			
	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	i 17-24). (	omplete Part X			
		of Schedule D		25			
	26				14,401.	26	5,241.
		Organizations that follow FASB ASC 958, che	ck here				
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.		16 000		<b>F</b> 4 406	
	27			16,039.	27	74,496. 1,052,079.	
	28	Net assets with donor restrictions			686,365.	28	1,052,079.
		Organizations that do not follow FASB ASC 9					
г		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ec				30	
tΑ	31	Retained earnings, endowment, accumulated in		E E E E E E E E E E E E E E E E E E E	800 404	31	
Re	32	Total net assets or fund balances			702,404.	32	1,126,575.
	33	Total liabilities and net assets/fund balances			716,805.	33	<u>1,131,816.</u> Form <b>990</b> (2021)

ASAPBIO

Form	990 (2021) ASAPBIO	81-49	21243	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	730		
2	Total expenses (must equal Part IX, column (A), line 25)	2	306		
3	Revenue less expenses. Subtract line 2 from line 1	3	424		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	702	,40	)4.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,126	,57	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				
	Act and OMB Circular A-133?		. <u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			) 000	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public

Name of the organization         Employer identification number 81-4921243           Part         Reason for Public Charity Status. (All organizations must complete this part.) See instructions.           The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) <ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).</li> <li>A church convention of churches, or association of churches described in section 170(b)(1)(A)(iii).</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> </ul> A church, convention of churches association operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:           Signation operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i)(.) (Complete Part II.)           A norganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(i). (Complete Part II.)           A community trust described in section 170(b)(1)(A)(ix) oparated in conjunction with a land grant college or university or an on-hand-grant college of agriculture (see instructions, and (2) no more than 33 1/3% of its support from governmental unit describes from activities related to lis exempt functions, subject to cartain exceptions; and (2) no more than 33 1/3% of its support from governmental unit describes of one or more publicy supported organization described in section 509(a)(1) (2).
Part I       Reason for Public Charity Status. (All organizations must complete this part.) See instructions.         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, a cascication of churches described in section 170(b)(1)(A)(i).       A school described in section 170(b)(1)(A)(ii).         A church, convention of churches, organization described in section 170(b)(1)(A)(ii).       A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii).         A morganization 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). (Complete Part II.)         A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         A a gricultural research organization described in section 170(b)(1)(A)(v) perated in conjunction with a land-grant college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.         IO       An organization operated exclusively to test for public safety. See section 509(a)(4).         IO       An organization onganization deperated exclusively to test for public safety. See section 509(a)(4).         IO       An organization organization deperated exclusively to test for public safety. See se
<ul> <li>The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> <li>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)(iii). Enter the hospital's name, city, and state:</li> <li>A norganization 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.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An argincultural research organization described in section 170(b)(1)(A)(v).</li> <li>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 II.)</li> <li>An organization organized and operated exclusively to rest for public safety. See section 509(a)(3). Check the box on lines 12</li></ul>
<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(A)(i). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> <li>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.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization 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)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi), operated in conjunction with a land-grant college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university ir anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university ir anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university ir anon-land-grant college or generated to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from grass investment income and unrelated business taxable income (less section 510(a)(4).</li> <li>An organization dariazidan doperated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively or the benefit of, baperom the functions of, or</li></ul>
<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A norganization organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>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.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(x) 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:</li> <li>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 exampt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support for ganization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12a through 12d that described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on more publicly supported organization described in section 509(a)(1) or</li></ul>
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>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:</li> <li>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)(iii). Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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)(v).</li> <li>A norganization 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)(v).</li> <li>A norganization tescribed in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A na gricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university:</li> <li>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 509(a)(2). Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12a through 12d that described in section 509(a)(1) or perform the functions of, or to carry out the purposes of one or more public/supported organization sectibed in section 509(a)(2). Checylaplet Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)</li></ul>
<ul> <li>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:</li> <li>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.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization 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)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A agricultural research organization described in section 170(b)(1)(A)(x) 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:</li> <li>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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12a through 12d th describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization is supporting organization appervised, or controlled by its supported organization(s), by having control or manage the supporting organization supervise</li></ul>
<ul> <li>city, and state:</li></ul>
<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(vi). (Depreted 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:</li> <li>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.)</li> <li>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 organization sectoribed in section 509(a)(1). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by pixally by giving the supported organization (s) the power to regulary appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and G.</li> <li>c Type II. A supporting organization supervised or controlled in connection with, its supported organization(s) the power to regulary appoint or elect a majority of</li></ul>
<ul> <li>6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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.)</li> <li>9 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>9 An agricultural research organization described in section 170(b)(1)(A)(x) 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:</li> <li>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.)</li> <li>11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>12 An organization organization secribed in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage 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.</li> <li>c Type III non-functionally i</li></ul>
<ul> <li>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)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university:</li> <li>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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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 organization section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by pixing the supported organization supervised or controlled in connection with its 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 C.</li> <li>c Type II. A supporting organization supervised or controlled in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>d Type III non-functionally int</li></ul>
<ul> <li>section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university:</li> <li>an agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university:</li> <li>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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>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.</li> <li>Type II. A supporting organization spervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated. A supporting organization operated in connection with, its supported organization(s</li></ul>
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<ul> <li>See section 509(a)(2). (Complete Part III.)</li> <li>11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a 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.</li> <li>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.</li> <li>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.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting 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.</li> <li>e Check this box if the organization received a written determination from the IRS that it is a Type II. Type III</li> </ul>
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f Enter the number of supported organizations
g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) is the organization listed (v) Amount of monetary (vi) Amount of other
organization (i) Lift (ii) system of againzation (ii) system of againzation (ii) your governing document? (v) Another of a data in your governing document?
above (see instructions)) Yes No support (constructions) opport (constructions)
Total

### Schedule A (Form 990) 2021

### ASAPBIO

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 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,714.	647,795.	50,000.	50,000.	650,000.	1405509.
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	7,714.	647,795.	50,000.	50,000.	650,000.	1405509.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						735,786.
6	Public support. Subtract line 5 from line 4.						669,723.
	tion B. Total Support						,
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
	Amounts from line 4	7,714.	647,795.	50,000.	50,000.	650,000.	1405509.
8	Gross income from interest,	· · ·	•		•		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	333.	575.	578.	138.	39.	1,663.
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1407172.
	Gross receipts from related activities,	etc. (see instructio	ne)			12	108,204.
	First 5 years. If the Form 990 is for th			ourth or fifth tax v			100,2010
10	organization, check this box and <b>stop</b>						►X
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li			olumn (f))		14	%
	Public support percentage from 2020		•			15	<u> </u>
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qual	-					
172	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te					willow the organiz	
h	10% -facts-and-circumstances test						
L.	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•				
10				, 100, 17a, 01 17D	, oncon this DUA di		(Eorm 990) 2021

Schedule A (Form 990) 2021

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### Schedule A (Form 990) 2021

### ASAPBIO

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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(6	<b>e)</b> 2021	(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 furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support			•	•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(6	e) 2021	(f) Total	
	Amounts from line 6						/		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
0	Add lines 10a and 10b								
	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3	) organizatio	on,	
	check this box and stop here							►[	
Sec	ction C. Computation of Publi								
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15			%
	Public support percentage from 2020					16			%
	ction D. Computation of Inves					1			, -
17				ne 13, column (f))		17			%
18	Investment income percentage from					18			%
	<b>33 1/3% support tests - 2021.</b> If the					<u> </u>	and line 17	7 is not	, 5
	more than 33 1/3%, check this box ar						.,		
h	33 1/3% support tests - 2020. If the						1331/3% a	►∟ nd	I
N N	line 18 is not more than 33 1/3%, che								
20									
-	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check ti	his box and see ins				
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
	Did the second			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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	

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

# Section C. Type II Supporting Organizations

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)* 

		///Zatio////3/.	
Section 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 on line 2, above, 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		

### Section 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 year (see instructions).
- a 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 governmental entity (see instructions).	
---	--	---------------------------------------------------	---------------------------------------------------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** 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? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2021

2a

2b

3a

3b

.....

2

1

Yes No

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Yes No

Check here if the organization satisfied the Integral Part Test as a qualifying true. All other Type III non-functionally integrated supporting organizations must contain A - Adjusted Net Income Not short term capital acid.			Part VI). See instruction
ion A - Adjusted Net Income	nplete S	Sections A through E.	
Not about torm applied agin		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally in		d Type III supporting orga	nization (see

ASAPBIO

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Sche Par	dule A (Form 990) 2021 ASAPBIO t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu		1-4921243 Page 7
	on D - Distributions			iea)	Current Year
	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Guirent real
2	Amounts paid to supported organizations to accomplish excl				
-	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
8	and 4c. Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018 Excess from 2019				
	Excess from 2019 Excess from 2020				
	Excess from 2020				

Schedule A (Form 990) 2021

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

ASAPBIO

DESCRIPTION: OPEN PEER REVIEW FOR JOURNALS AND PREPRINTS

DATE: 02/01/17 AMOUNT: 993784.

SCHEDULE A, PART II, SECTION A, COLUMN B

2017 WAS THE FIRST YEAR OF OPERATIONS FOR ASAPBIO. THE INCEPTION DATE

WAS JANUARY 9TH, 2017.

132028 01-04-22

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**202**<sup>-</sup>

Emplover identification number

Name of the organization		
	ASAPBIO	81-4921243
Organization type	(check one):	
Filers of:	Section:	

Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

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

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page <b>2</b>		
Name of o	rganization	E	mployer identification number		
ASAPB	10		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		\$200,00	Person     X       Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$150,00	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>3</u>		\$300,00	0.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page <b>3</b>
Name of o	rganization		Employer identification number
ASAPB	ΙΟ		81-4921243
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	

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Schedule B (Form 990) (2021)

Name of or	ganization		Employer identification number			
ASAPBI	0		81-4921243			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line entry. F charitable, etc., contributions of <b>\$1,000 or less</b>	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
() 11	Use duplicate copies of Part III if additional	space is needed.	I			
(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, ar	nd 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 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, ar	., -	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			
ŀ		(e) Transfer of gift				

Schedule B (Form 990) (2021)

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.



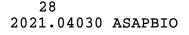
Name of the organization

\_ \_ \_ \_ \_ \_ \_

Employer identification number

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		- 4	ч	1			ш	<b>ר</b>	

	ASAPBIO		81-4921243
Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	vriting that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's of	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	donor advisor, or for any other purpose cont	ferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	anization during the tax
	year ►		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	ement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
_	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	
Par	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pub		erance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public 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 trea	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021
132051	10-28-21		



	dule D (Form 990) 2021 ASAPBIO							81-49			age <b>2</b>
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	-		•	-			se in Part	XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
De	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
Pa			ete if the	organizatio	on answered "	Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					A	+	
									Amoun	L	
c	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
t 20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						iity?	L			
_	rt V Endowment Funds. Complete						10				
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Fou	r vears	back
1a	Beginning of year balance			,			( )		. ,	<u> </u>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1 g	, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administere	ed for th	ne organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere			-	i						
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• •	ccumulate	ed	( <b>d)</b> Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				2,336.		2,3	36.			0.
	Other										
<u>Tota</u>	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	X, colum	n <u>n (B), line 1</u>	<u>0c.)</u>		<u></u>				0.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.
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ASAPBIO

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	olumn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) F	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

►

132053 10-28-21

(9)

Sche	dule D (Form 990) 2021 ASAPBIO		81-4921243 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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	<u>4a</u>	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>)</u>	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

sheets to Part I c Totals (add lines 3a

and 3b)

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

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Schedule F (Form 990) 2021

Attach to Form 990.

Form 990, Part IV	/, line 14b.						
1 For grantmakers. Does	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,						
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No						
2 For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and other assistance outsi	de the		
United States.							
			n be duplicated if additional space is n				
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region		
UNITED KINGDOM	2	2	PROGRAM SERVICES	PROMOTING INNOVATION AND TRANSPARANCY IN PUBLISHING	117,630.		
3 a Subtotal	2	2			117,630.		
<b>b</b> Total from continuation					, ,		
sheets to Part I	0	0			0.		

# <u>ASAP</u>BIO

# 81-4921243

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

1

117,630.

SCHEDULE F	, e
(Form 990)	

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

2	Enter total number of r	recipient organizatior	ns listed above that are r	ecognized as charities by the f	oreign country, r	ecognized as a tax

#### Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect					

33

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Page 3

	(Form 990) 2021	
Part IV	Foreign For	ms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

### PART I, LINE 3:

THE EXPENDITURES ARE FOR SALARY, BENEFITS, AND TRAVEL.

132075 12-20-21

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

81-4921243

ASAPBIO

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

REVIEW SERVICE. PRELIMINARY EVALUATION SUGGESTS THAT THIS EXPERIMENTAL

APPROACH TO REVIEW SAVES AUTHORS, REVIEWERS, AND EDITORS TIME AND LEADS

TO A MORE CONSTRUCTIVE REVIEW PROCESS AND THE PUBLIC RELEASE OF

REFEREED PREPRINTS.

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

THE PREPARED FORM 990 IS REVIEWED IN DETAIL BY A DESIGNATED MEMBER OF THE GOVERNING 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:

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

BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL

CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN

THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

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

THE MEMBER ADVISORY GROUP SET AND APPROVED THE SALARY FOR THE EXECUTIVE DIRECTOR.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 11-11-21

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C:
THE EXECUTIVE DIRECTOR AND TREASURER REVIEW THE AUDIT/REVIEW AND MAKE A
PRESENTATION TO THE BOARD OF DIRECTORS PRIOR TO PROVIDING FINAL
APPROVAL. THE INDEPENDENT ACCOUNTANT WAS SELECTED IN CONSULTATION WITH
THE TREASURER AFTER READING MATERIALS, CUSTOMER REVIEWS, AND OBTAINING
QUOTES FROM TWO CANDIDATE ORGANIZATIONS.

132212 11-11-21

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Employer identification number

81-4921243

Schedule O (Form 990) 2021

Name of the organization

ASAPBIO