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# Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury

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.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

20 14 2014, and ending For the 2014 calendar year, or tax year beginning D Employer Identification number C Name of organization FOUNDATION FOR APPLIED MOLECULAR EVOLUTION INC Check if applicable 59-3471957 Doing business as Address change Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number  $\Box$ Name change 386-418-8085 13709 Progress Boulevard Box 7 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Alachua, FL, 32615 2,935,324 Amended return Application pending F Name and address of principal officer H(a) is this a group return for subordinates? Yes Vo Steven Benner H(b) Are all subordinates included? Tyes No. 13709 Progress Boulevard, Box 7, Alachua, FL 32615 If "No," attach a list (see instructions) ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 **√** 501(c)(3) 501(c) ( Tax-exempt status H(c) Group exemption number ▶ Website: ▶ www.ffame.org Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ▶ L Year of formation M State of legal domicile FI Summary Part I Briefly describe the organization's mission or most significant activities: THE FOUNDATION PROVIDES AN INNOVATIVE ENVIRONMENT TO HOST THE SCIENTIFIC AND TECHNOLOGICAL RESEARCH OF A SMALL GROUP OF SELECTED Activities & Governance MOLECULAR AND LIFE SCIENTISTS TO MEET OPPORTUNITIES IN COMMERCE AND MEDICINE. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 31 5 6 Total number of volunteers (estimate if necessary) . . . . 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,552 7a Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) 2,519,306 8 3,212,904 8 2015 Revenue 9 Program service revenue (Part VIII, line 2g) 212,959 409,899 Investment income (Part VIII, column (A), lines 4, and 7d) 597 6,119 10 Other revenue (Part VIII, column (A), lines 5, 66, 8c, 9c, 10c, and 11e, 0 0 11 Total revenue - add lines 8 through 11 (must equal Part VIII column (A) ine 12) 3,426,460 2,935,324 12 Grants and similar amounts paid (Part IX, column (A) Thes 1937 13 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,104,120 2,030,770 15 Professional fundraising fees (Part IX, column (A), line 11e) 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,423,269 1,175,732 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,527,389 3,206,502 18 Revenue less expenses. Subtract line 18 from line 12 -100,929 -271,178 19 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,338,049 721,770 21 Total liabilities (Part X, line 26) . 908,999 563,898 22 Net assets or fund balances. Subtract line 21 from line 20 429,050 157,872 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 Sian Signature of officer Here Steven Benner, Director Type or print name and title Date Print/Type preparer's name Preparer's signature Check | ıf Paid self-employed **Preparer** Firm's EIN ▶ Firm's name Use Only Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

GOL

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Form 990 (2014)

Form 99	<u>.                                      </u>	age 2
Part l	•	
<u>.                                    </u>	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	The FOUNDATION PROVIDES AN INNOVATIVE ENVIRONMENT TO HOST THE SCIENTIFIC AND TECHNOLOGICAL RESEARCH OF A SMALL GROUP OF SELECTED MOLECULAR AND LIFE SCIENTISTS TO MEET OPPORTUNITIES IN	
	COMMEDCE AND MEDICINE	
	COMMERCE AND MEDICINE.	
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
		No
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 2,768,098 including grants of \$ 0) (Revenue \$ 408,347)	
	THE ORGANIZATION HAS CONDUCTED A NUMBER OF RESEARCH PROJECTS. SEE SCHEDULE O FOR DETAILS.	
	***************************************	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
70		
	***************************************	
	***************************************	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
•		
•		
<del></del>		
	Other program services (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )	
40	Total program service expenses ► 2,768,098	

Part	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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	L	✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>	<del> </del>	<del>                                     </del>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			<b>✓</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		<u> </u>
9	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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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	·	<b>√</b>
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
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		<b>√</b>
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	111	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	<b>√</b>	
D	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		✓
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
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		<u> </u>
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		<u>·</u> ✓
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		<u>·</u>
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		<u>▼</u>
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			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	<u>√</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<b>/</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25a		1
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	الهوم ا	- 1 - 1	4 82 X
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	!	<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>√</b>
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	·····
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		Form	990	(2014)

Check if Schedule O contains a response or note to any line in this Part V    Tell	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
the Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable 1			<u></u>		
b Enter the number of Forms W-26 included in line 1st. Enter-O- If not applicable.  □ Did the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return  Statements, filed for the calendar year anding with or within the year covered by this return  Statements, filed for the calendar year anding with or within the year covered by this return  Statements, filed for his on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  10 bid the organization have unrelated business gross income of \$1,000 or more during the year?  11 if "Yes," but if the calendar year, did the organization that secount, securities account, or other financial account in a foreign country; less as a bank account, securities account, or other financial account in a foreign country; less as a bank account, securities account, or other financial account in a foreign country; less as a bank account, securities account, or other financial account in a foreign country; less as a bank account, securities account, or other financial accounts (FBAR).  16 If "Yes," enter the name of the foreign country: less securities account, or other financial accounts (FBAR).  16 If "Yes," enter the name of the foreign country: less securities account, or other financial accounts (FBAR).  16 If "Yes," enter the name of the foreign country: less security (FBAR).  16 If "Yes," indicate the number of the organization that it was or is a party to a prohibited tax shelter transaction?  17 If yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  17 If "Yes," indicates the number of the payor?  18 If				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return?  3b If a fleast one is reported on line 2a, did the organization file all required federal employment tax returne?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if filed a Form 990-T for this year? If "Wo" to fire 3b, provide an explanation in Schedule O.  3c At any time during the calendar year, did the organization were an interest, in or a signature or other authority over, a financial account; a for the property of the property over, a financial account; and a foreign country; ▶  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction?  6c Possible of the organization file Form 8864 file and the organization account; and the organization file form 8864 file organization account; and the organization file form 8645 file organization file or the organization file organizati	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
reportable gaming (gambling) winnings to prize winners?  2	b				
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 2 31 31 4	C				
Statements, filled for the calendar year ending with or within the year covered by this return 2 a 1 b b f at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filled a Form 990-T for this year? If "Ne" to film 83, provide an explanation in Schedule 0 .  4a 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country; lend as a bank account, securities account, or other financial accounts financial account in a foreign country; lend as a bank account, securities account, or other financial accounts financial account in a foreign country; lend as a bank account, securities account, or other financial accounts financial accounts for film greater than 100,000, and in the film of the film organization has a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibile as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Organizations that may receive deductible contributions under section 170(c).  Organizations that may receive deductible contribution or account of the value of the goods or services provided?  If "Yes," indicate the number of Forms 8282 filed during the year  If the organization selled any			1c	✓	
b If at least one is reported on line 2a, did the organization lile all required federal employment tax returns?  Note, If the sum of lines it a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5b If "Yes," has it filled a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule O.  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 accounts of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, or other financial account).  5c If "Yes," enter the name of the foreign country: Image of the foreign accountry (such as a bank account, securities account, or other financial accounts (such accounts).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization society are orticitation and explain that such contributions or gifts were not tax deductible?  7c Organization state any receive deductible explained that such contributions or gifts were not tax deductible?  7d Office the programization receive a payment in access of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," did the organization ority the denor of the value of the goods or services provided?  7d If "Yes," findicate the number of Forms 8282 filed during the year  8d Did the organization freelve a contribution of united sposes of tangible	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  4a 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, or other financial account)?  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 fax shelter transaction at any time during the tax year?  5b Uid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Universal to line 5a or 5b, did the organization file Form 8886-17  5b Does the organization have annual gross encelpts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Universal of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  Bid the organization notify the donor of the value of the goods or services provided?  7 If "Yes," indicate the number of Forms 8282 filed during the year  9 Uid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Uid the organization notify the donor of the value of the goods or services provided?  9 Uid the organization notify the donor of the value of the goods or services provided?  9 Uid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Uid the			1		
3a	b		2b	<b>/</b>	L
b   "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  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)?  b   !*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 of the tax year?    5b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?    5c   T'Yes,* to line 5a or 5b, did the organization file Form 886-17    6c   Corganization solicit any contributions that were not tax deductible as charitable contributions?    6c   If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contribution and party for goods and services provided to the payor?    7c   Organizations that may receive deductible contributions under section 170(c).    8d   If "Yes," indicate the number of Forms 8282 filed during the year   7d    9d   If "Yes," indicate the number of Forms 8282 filed during the year   7d    9d   If "Yes," indicate the number of Forms 8282 filed during the year   7d    10d the organization sell, exchange, or otherwise dispose of tangible personal benefit contract?   7e   7d    10d the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?   7d   7d    10d the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?   7d   7d    10d the organization maintaining donor advised funds, but only the year   7d   7d   7d   7d   7d   7d   7d   7	•		-		
4a 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)?  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?  5b J or in the star of Society of the organization file form 8886-17  5c J organization account in a party to a prohibited tax shelter transaction?  5b J organization accounts in a party to a prohibited tax shelter transaction?  5c J organization solicit any contributions that were not tax deductible as charitable contributions?  5c J organization solicit any contributions that were not tax deductible as charitable contributions?  6c J organization start any receive deductible contributions under section 170(c).  5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c J organizations that may receive deductible contributions under section 170(c).  5c J organizations that may receive deductible contributions under section 170(c).  5d I organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c J organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5d If "Yes," idid the organization receive any funds, directly or indirectly, on a personal benefit contract?  7d If "Yes," indicate the number of Forms 8282 filed during the year  9d Did the organization received any funds, directly or indirectly, on a personal benefit contract?  7f If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f If the organizat	_	· · · · · · · · · · · · · · · · · · ·			<b>√</b>
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  B Did the sponsoring organization make any taxable distributions under section 4966?  B Did the sponsoring organization make any taxable distributions under section 4966?  B Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  B Did the sponsoring organization make any taxable distributions under section 4966?  B Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did the sponsoring organizations. Enter:  B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  B Section 501(c)(1/2) organization the sources in the security of the security of the security of the security of t		· · · · · · · · · · · · · · · · · · ·			<b>✓</b>
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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	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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c Enter the amount of reserves on hand	b	the example tion is licensed to leave qualified health plans	ł	İ	;
14a Did the organization receive any payments for indoor tanning services during the tax year?	_	100	ł		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b			<del></del>		
					<u>√</u>
	ט	in 199, has it lieu a Form 720 to report these payments? If 190, provide an explanation in Schedule O.		990	(2014)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	and i ee ins	for a struct	"No' ions.
	Check if Schedule O contains a response or note to any line in this Part VI			Ø
Secti	on A. Governing Body and Management			,
		لــــا	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	}		1
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	} }		
L	· ·			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    1b 3  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		1
~	any other officer, director, trustee, or key employee?	2	1	Ì
3	Did the organization delegate control over management duties customarily performed by or under the direct	- <del>-</del> -	<del></del>	<del>                                     </del>
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	<u> </u>	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b	L	<b>V</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<b>!</b>		
	the year by the following:	1		
а	The governing body?	8a	<b>/</b>	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_ !	1	١,
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100	<del> </del>	\ <u> </u>
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ĺ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<del> </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	<del>                                     </del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	L
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	<b>✓</b>	
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?	_		l
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	ļ
b	Other officers or key employees of the organization	15b	✓	
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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.00		<del>                                     </del>
	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		ł
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
00	financial 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 re-	cords:	•	
	Dennis Kristof. (386)418-8085			

Page	7

Form 990 (2014)

1 01111 400 (201				
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees	, Highest Compens	ated Employees, and
	Independent Contractors			

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no		d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Former Highest cemployee Key emp Officer Institutio Individual			an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
STEVEN BENNER	40		ıstee			nsated				
DIRECTOR STEPHEN CHAMBERLIN	12	<b>V</b>		<b>√</b>	-		-	77,869	0	
DIRECTOR	0	1				<b> </b> -		24,701	0	
NIGEL RICHARDS	11	/	l				ŀ	2,000		
DIRECTOR ANDREW ELLINGTON	1		-	-				2,000	0	
DIRECTOR	0	1						0	0	(
BEVERLY SANDERS	1	<u> </u>	-		_		-	<del> </del>		·
DIRECTOR	0	1	_					0	0	(
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Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, a	nd I	lighe	st C	ompensated E	mployees (c	:ontinu	ıed)		
					•	C)								
	(A)	(B)	(do n	at at		ition		one	(D)	(E)			(F)	
	Name and title	Name and title Average box, unless person							Reportable	Reportable	Reportable		Estimated	
		hours per					or/trus		compensation	compensation	from		ount of	
		week (list any hours for	악	'n	ð	ক্র	육표	77	from the	related organization	ns		other censation	
		related	울	≝	Officer	9		Former	organization	(W-2/1099-M			m the	
		organizations	용률	ğ		를	8 2	~	(W-2/1099-MISC)		i		nization	
		below dotted line)	7 👮	ם		Key employee	ă		ļ	İ	1		related nizations	
		,	Individual trustee or director	Institutional trustee		"	ens					v.g		
				8		}	Highest compensated employee	1	1					
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1b	Sub-total		<del></del>					<b>•</b>	104,570		0			0
С	Total from continuation sheets to Part	VII. Section	n A					<b>•</b>			<u> </u>			_ <u>_</u>
d	Total (add lines 1b and 1c)	•					-	•	104,570		0			0
2	Total number of individuals (including but						hove	i w		ore than \$10		of		
_	reportable compensation from the organization	zation ▶ n		030	1131		LOUVE	,, vv.	no received in	ore triality to	0,000	OI .		
													Yes	No
3	Did the organization list any former of	ficer, direct	or. o	r trı	uste	e. I	kev e	ame	lovee, or high	est compen	sated		1.03	10
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ich i	indi	vidu	ıal					3	i I	
4	For any individual listed on line 1a, is the							n ar	ad other comp	oncation fro	m tha		<del>  -</del>	<u> </u>
•	organization and related organizations	greater tha	n \$1	50 C	,บเเ ากก	10011 7 If	"You	:	complete Sch	edule I for	euch			
	individual	gioator the	ψι						complete Stri	edule 5 loi	Sucii	1 '		,
=	Did any person listed on line 1a receive or	, ,	· ·						· · · · · · · · · · · · · · · · · · ·		احداد	4	<del>                                     </del>	<u>✓</u>
5	for services rendered to the organization?												-	
Canti		11 103, 0	ompie	710 (	3611	euu	10 0 11	0/ 30	ucii persori .	· · · · ·	<u> </u>	5		<u> </u>
	on B. Independent Contractors										<u> </u>			
1	Complete this table for your five highest of	compensate	a ina	epe	nae	ent o	contra	acto	rs that receive	d more than	\$100	,000 of		
	compensation from the organization. Rep	ort comper	isatio	n to	r tn	e ca	alenda	ar y	ear ending witi	n or within tr	ne orga	anizatio	on's tax	,
	year.	····								<del></del>				
	(A) Name and business addr	-000							(B) Description of se	) I		(C)		
	HARITO AND DUSINGSS BOOK								Description of Se	N VICES		Compens	ation	
None														
	<del></del>													
	Total number of independent and	a Bash "				··· '·	لبت	,,,						
2	Total number of independent contractor							เทด		ve) who				ļ
	received more than \$100,000 of compens	ation from t	ne or	gani	ızat	ion l			0			,		_ , 1

Par	t VIII								
,		Check if Schedule O	contains a	a resp	onse or note to	o any line in thi (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated campaigns		1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	-	1b	0				
S, G	С	Fundraising events .	[	1c	0				1
ar.	d	Related organizations	[	1d	0				
E, C	е	Government grants (contr		1e	2,519,306				
tion in	f	All other contributions, gift						]	
夏美		and similar amounts not inclu	L.	1f	0				
ĔŽ	9	Noncash contributions include		·	<u>o</u>				
	h	Total. Add lines 1a-1f	<u> </u>	• •	<u> </u>	2,519,306	<u> </u>	<del> </del>	
ş					Business Code				
eke	2a	OTHER GRANTS AND S	SERVICE C	ONTH	541700	408,347	<del>                                     </del>	<del></del>	0
兇	b	BOOK SALES			900099	1,552	2 0	1,552	0
Ž	d	***************************************						<del> </del>	
ي ت	u						ļ		<del> </del>
Ē		All other program servi		<u></u> +		0	,	0	
Program Service Revenue	g	Total. Add lines 2a-2f			•	409,899	<del></del>	<u>'I</u>	
	3	Investment income (in				400,000		T ***	<u> </u>
		and other similar amou			▶	294	l	, ,	294
	4	Income from investment of	of tax-exem	npt bor	nd proceeds►	0		<del>                                     </del>	0
	5	Royalties		٠.,	▶	0	0	0	0
			(i) Real		(ii) Personal				}
	6a	Gross rents		0	0		İ		
	b	Less: rental expenses		0	0		1		!
	C	Rental income or (loss)		0	0			_	
	_d	Net rental income or (lo		<u> </u>	▶	0	0	0	0
	7a	Gross amount from sales of	(i) Securitie		(ii) Other				,
		assets other than inventory  Less: cost or other basis		0	5,825				1
	b	and sales expenses .							İ
	С	Gain or (loss)		0	0				
	d	Net gain or (loss) .	- <del></del> -	U	5,825			-	· <u>-</u> '
	•	rear gain or (loss) .		. Ļ	····	5,825	5,825	0	0
venue	8a	Gross income from fund events (not including \$	draising 0	,					
Other Reve		of contributions reported See Part IV, line 18 .	on line 1c)		0				i
₹	b	Less: direct expenses			0				
-	C	Net income or (loss) fro			/ents . ▶	0		0	0
	9a	Gross income from gam							
	_	•		~∟	0				1
		Less: direct expenses			0				
		Net income or (loss) fro			ties P	0	0	0	0
	Iva	Gross sales of inverteurns and allowances	•	- 1	_ [				)
	<b>.</b>			a	0				¥
	b	Less: cost of goods sol Net income or (loss) fro		_b inven	ton			<u>-</u>	No. of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of
	<u> </u>	Miscellaneous Rev			Business Code	0	0	0	0
	11a		<del></del>						
	b				<del></del>	<del></del>			
	c			-					
1	ď	All other revenue .		-		0	0	0	0
1	e	Total. Add lines 11a-11			•	0			
	12	Total revenue. See inst				2 935 324	414 172	1 552	204

Page 10 Form 990 (2014) Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0	o		
2	Grants and other assistance to domestic				<del></del>
-	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	102,570	102,570	o	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,631,373	1,366,429	264,944	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				<u> </u>
•	section 401(k) and 403(b) employer contributions)	o	ol	0	^
٥	Other employee benefits	· · · · · · · · · · · · · · · · · · ·			0
9		162,528	115,290	47,238	0
10	Payroll taxes	134,299	114,439	19,860	0
11	Fees for services (non-employees):				
a	Management	0	0	<u>o</u>	0
b	Legal	4,150	0	4,150	0
С	Accounting	40,630	0	40,630	0
d	Lobbying	0	0	0	0
0	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
9	Other. (If line 11g amount exceeds 10% of line 25, column			ľ	
	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	6,255	320	5,935	0
14	Information technology	13,259	5,470	7,789	0
15	Royalties	0	0	0	0
16	Occupancy	273,527	253,859	19,668	0
17	Travel	23,349	11,270	12,079	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	n	o	o	0
19	Conferences, conventions, and meetings .	3,279	3,279	0	<u> </u>
20	Interest	0	3,2,9	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	153,689	151,024		
23	Insurance	153,669	151,024	2,665	0
				0	<u>0</u>
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		1	1	1
	line 24e amount exceeds 10% of line 25, column		1	İ	ſ
	(A) amount, list line 24e expenses on Schedule O.)				
_					
a	SUBRECIPIENTS	280,953	278,352	2,601	0
b	LAB SUPPLIES	300,726	300,726	0	0
C					
d	All all and any and any and any and any and any any and any any and any any any any any any any any any any				
е	All other expenses	75,915	65,070	10,845	0
25	Total functional expenses. Add lines 1 through 24e	3,206,502	2,768,098	438,404	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	}	1	Į.	
	fundraising solicitation. Check here >   if	]	1		
	following SOP 98-2 (ASC 958-720)				
	·				Form <b>990</b> (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . (B) (A) Beginning of year End of year 52.682 1 74,386 2 2 Savings and temporary cash investments . . . . . . 685,868 309,458 3 226,337 3 136,488 4 22,869 1,224 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. O 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 0 0 7 0 Inventories for sale or use . . . . . . 8 8 0 0 9 Prepaid expenses and deferred charges 4,809 9 8,419 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 344,276 10c 1,232,607 190,587 Investments—publicly traded securities . . . . 11 0 11 0 Investments—other securities. See Part IV, line 11 12 12 0 0 13 investments-program-related. See Part IV, line 11. 0 13 0 14 14 0 0 15 1,208 15 1,208 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1.338.049 16 721,770 17 Accounts payable and accrued expenses . . . . . . 17 44,400 98,437 Grants payable . . . . . . . . . . . . . . . . . 18 18 0 0 Deferred revenue . . . . . . . . . 19 0 19 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 ol 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 0 Secured mortgages and notes payable to unrelated third parties . . . 23 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 0 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 864,599 465,461 25 26 Total liabilities. Add lines 17 through 25 908,999 563,898 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 429,050 27 157,872 Temporarily restricted net assets . . . . 28 28 o 0 29 o 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 žě 33 429,050 33 157,872 Total liabilities and net assets/fund balances . . . 34 1,338,049 721,770

Form 99	DD (2014)			Pa	age 12
Pari	Reconciliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,324
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,502
3	Revenue less expenses. Subtract line 2 from line 1	3			1,178
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			9,050
5	Net unrealized gains (losses) on investments	5			0,000
6	Donated services and use of facilities	6			
7	Investment expenses	7			0
8	Prior period adjustments	8	<del></del>		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		15	7,872
Part	XII Financial Statements and Reporting				1,012
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," expected to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	plain in		103	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		2a		1
b	Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:		2b	1	
c	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

За

Form **990** (2014)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

### SCHEDULE A (Form 990 or 990-EZ)

## **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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public **Inspection** 

Name	of the organization					Employer Identificatio	n number	
	OUNDATION FOR APPLIED MOLECULAR EVOLUTION INC 59-3471957							
	Reason for Public Cha		<del></del>				ons.	
	organization is not a private found		•		-	•		
1	A church, convention of church			ribed in s	ection 17	70(b)(1)(A)(i).		
2	A school described in section							
3	A hospital or a cooperative ho						Ann.	
4	A medical research organizati		conjunction with a hos	pital desc	cribed in i	section 170(b)(1)(A)	(iii). Enter the	
_	hospital's name, city, and sta							
5	An organization operated for section 170(b)(1)(A)(iv). (Con	nplete Part II.)			-		tal unit described in	
6	A federal, state, or local gove							
7	An organization that normally described in section 170(b)(1	)(A)(vi). (Comple	ete Part II.)		n a gover	nmental unit or fron	n the general public	
8	☐ A community trust described	in section 170(b	)(1)(A)(vi). (Complete	Part II.)				
9	☐ An organization that normally	receives: (1) mo	ore than 331/3% of its	support	from con	tributions, members	ship fees, and gross	
	receipts from activities relate							
	support from gross investme						x) from businesses	
	acquired by the organization	after June 30, 19	75. See <b>section 509</b> (a	<b>a)(2).</b> (Co	mplete Pa	art III.)		
10	An organization organized and		•	-				
11	An organization organized and							
	one or more publicly supporte							
	the box in lines 11a through 11						•	
а	Type I. A supporting organized							
	the supported organization(			ect a majo	ority of the	e directors or trustee	es of the supporting	
	organization. You must cor	-						
b								
	control or management of the			ne same p	ersons t	hat control or manaç	ge the supported	
	organization(s). You must c	•						
С	Type III functionally integrated its supported organization(s						y integrated with,	
d	☐ Type III non-functionally ir							
	that is not functionally integ						an attentiveness	
	requirement (see instruction		-		-			
е	☐ Check this box if the organi:						I, Type III	
	functionally integrated, or Ty		onally integrated supp	porting or	ganizatio	n.	L <del></del>	
f	Enter the number of supported						· · []	
g	Provide the following information		7			T		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
			above or iRC section		ment?	Instructions)	instructions)	
			(see instructions))	Yes	No			
		<del>                                     </del>		- 100	140			
(A)								
	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>					
<b>(B)</b>			t					
·								
(C)								
D)							· · · · · · · · · · · · · · · · · · ·	
<u></u>								
E)								
, 		<b>_</b>						
Padal		1.0 7		(4) J				

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.)

Section A. Public Support

	on A. Public Support		<del></del>						
Caler	idar year (or fiscal year beginning in) 🕨 🏻	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e)	2014	(f) Tota	
1	Gifts, grants, contributions, and					}			
	membership fees received. (Do not					}			
	include any "unusual grants.")	2,831,952	2,654,145	3,216,510	3,212,904		2,519,306	14,434,	817
2	Tax revenues levied for the								
	organization's benefit and either paid			i	:				
	to or expended on its behalf								_
3	The value of services or facilities								
	furnished by a governmental unit to the						J		
	organization without charge								
4	Total. Add lines 1 through 3	2,831,952	2,654,145	3,216,510	3,212,904	2	2,519,306	14,434,	817
5	The portion of total contributions by								
	each person (other than a						ŀ		
	governmental unit or publicly								
	supported organization) included on			į į			1		
	line 1 that exceeds 2% of the amount						ļ		
	shown on line 11, column (f)	İ					ļ		
6	Public support. Subtract line 5 from line 4.							14,434,	817
Secti	on B. Total Support			<u> </u>			L		
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e)	2014	(f) Tota	ı
7	Amounts from line 4	2,831,952	2,654,145	3,216,510	3,212,904		,519,306	14,434,	
8	Gross income from interest, dividends,						7. 10,550	7.7.5.47	<del></del>
_	payments received on securities loans,								
	rents, royalties and income from similar			i			ļ		
	sources	2,044	1,608	373	597		294	4	916
9	Net income from unrelated business		1,000	9,0			204		<del>5 10</del>
_	activities, whether or not the business						l		
	is regularly carried on	Ì					7,377	7	377
10	Other income. Do not include gain or	<del></del>					-,,,,,,		<del>,,,</del>
•	loss from the sale of capital assets						l		
	(Explain in Part VI.)						l		
11	Total support. Add lines 7 through 10		<del></del>					14,447,	110
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	I.	750,	
13	First five years. If the Form 990 is for th						a section		
	organization, check this box and stop her	re	· • • •					>	П
Secti	on C. Computation of Public Suppor				<del></del>				_=
14	Public support percentage for 2014 (line 6			1, column (f))	<del> </del>	14		99.92	%
15	Public support percentage from 2013 Sch					15		99.95	
16a	331/3% support test - 2014. If the organiz						more, ch		<del></del>
	box and stop here. The organization qual	ifies as a publi	cly supported	organization				. •	Ø
b	331/3% support test-2013. If the organ								
	check this box and stop here. The organi	zation qualifies	s as a publicly	supported org	anization .			. ▶	
17a	10%-facts-and-circumstances test-20	14. If the orga	nization did no	ot check a box	on line 13, 16	a or 1	6b and l	ine 14 is	
	10% or more, and if the organization mee	ets the "facts-a	and-circumstar	nces" test, che	ck this box an	d sto	o here. E	xplain in	
	Part VI how the organization meets the "fa	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a p	ublicly su	pported	
	organization								
b	10%-facts-and-circumstances test-20	13. If the orga	nization did no	nt check a hox	on line 13 16	a 16h	or 17a	and line	_
-	15 is 10% or more, and if the organizati	ion meets the	"facts-and-cir	cumstances"	test, check th	is bo	and sto	n here	
	Explain in Part VI how the organization me								
	supported organization								
18	Private foundation. If the organization did								_
	instructions		-		•				

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

(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	<u> </u>					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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		_	-			<del></del>
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					;	
	received from disqualified persons .	<del></del>					
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						
_	Add lines 7a and 7b	<del></del>		<u>-</u>			
С 8	Public support (Subtract line 7c from						
•	line 6.)	,			,		
Secti	on B. Total Support					<u> </u>	<u> </u>
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		<u> </u>			(0) = 0	(1)
10a	Gross income from Interest, dividends,						
	payments received on securities loans, rents,						
	royaltles and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on				 		
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						<del></del>
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first, second	d. third. fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	-			•		, , , ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8					15	%
16	Public support percentage from 2013 Sch			<u> </u>	<u></u> .	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (I					17	%
18	Investment income percentage from 2013						%
19a	331/3% support tests—2014. If the organi						·
_	17 is not more than 33½%, check this box					-	
b	331/3% support tests - 2013. If the organiz						
20	line 18 is not more than 331,3%, check this to Private foundation. If the organization die					•	

Yes No

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 b class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreig 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)(E purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and Ell 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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail is Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantia contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percen controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefi 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 IRC 4943 because of IRC 4943(f (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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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Scheal	JIB A (FORM 990 OF 990-E2) 2014			Page J
Part	Supporting Organizations (continued)			
	Line the approximation accounted a sift or countribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	<b></b>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations	<u></u>	L.,	L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on 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	instru	ctions	s):
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s			
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	Í	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <b>Provide details in Part VI.</b>	3a		
þ	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
•1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		,	
instructions for short tax year or assets held for part of year):		,	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	,		
factors (explain in detail in Part VI):	ľ		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	· · · · · · · · · · · · · · · · · · ·	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-ini	tegrated Type III supporti	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Sect	on D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations			
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·				
5_	Qualified set-aside amounts (prior IRS approval required)			<del> </del>		
6_	Other distributions (describe in Part VI). See instructions.	<u>,</u>				
	Total annual distributions. Add lines 1 through 6.	·····	<del> </del>			
8	Distributions to attentive supported organizations to which	the organization is res	sponsive			
	(provide details in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·			
9	Distributable amount for 2014 from Section C, line 6					
<u>10</u>	Line 8 amount divided by Line 9 amount	<b>.</b>				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
_1_	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:	·	,	·		
<u>a</u>				·		
<u> </u>						
<u> </u>			<del></del>			
<u>d</u>						
θ	From 2013					
f	Total of lines 3a through e					
<u> </u>	Applied to underdistributions of prior years	· ·				
<u> </u>	Applied to 2014 distributable amount		<del></del>	·····		
	Carryover from 2009 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2014 from Section D, line 7: \$					
	Applied to underdistributions of prior years					
<u> </u>	Applied to 2014 distributable amount		1 4			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).					
7	Excess distributions carryover to 2015. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а						
b						
С						
	Excess from 2013					
θ	Excess from 2014					

Schedulę A (F	form 990 or 990-EZ) 2014	Page &
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions.)	and
		•
***********		
		•

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer Identification number FOUNDATION FOR APPLIED MOLECULAR EVOLUTION INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements . . . . 2a Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X . . . .

Schedule	D/	Form	990)	2014
201100010	_		990)	2017

Using the organization's acquisition, accession, and other records, check any of the following that are a collection items (check all that apply):    The provide a description of the organization's collections and explain how they further the organization's execution.	empt purpose in Part hilar  Yes No mount on Form  not Yes No Amount  Yes No
b   Scholarly research c   Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exe XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other sim assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV	empt purpose in Part  illar  Yes No  mount on Form  not  Yes No  Amount  Yes No
b	empt purpose in Part  illar  Yes No  mount on Form  not  Yes No  Amount  Yes No
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exe XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other sim assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV	empt purpose in Part  illar  Yes No  mount on Form  not  Yes No  Amount  Yes No
XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other sim assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an arrangement is the organization an agent, trustee, custodian or other intermediary for contributions or other assets included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back of Grants or scholarships	Thilar  Yes No  Mount on Form  No  Amount  Yes No  No  No  No  No
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an arrangement in the part XI line 21.  Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back of the investment earnings, gains, and losses  Net investment earnings, gains, and losses  d Grants or scholarships	Yes No  mount on Form  not  Yes No  Amount  Yes No
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an ar 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets rincluded on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance	not  Yes No  Amount  ity? Yes No
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance	not  Yes No  Amount  ity? Yes No
ls the organization an agent, trustee, custodian or other intermediary for contributions or other assets included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance	Amount  Yes No  No  Yes No
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance	Amount  Yes No  No  Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance	Amount  ity?
c Beginning balance	ity?
d Additions during the year	ity?
d Additions during the year	
e Distributions during the year  f Ending balance	
f Ending balance	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability by If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back to Pontributions to Net investment earnings, gains, and losses to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contributions to the contribution to the contributions to the contribution to the contribution to the contrib	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back  Dontributions	
Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  [a) Current year [b) Prior year [c) Two years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d] Three years back [d]	<del> </del>
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back  Do Contributions	
(a) Current year (b) Prior year (c) Two years back (d) Three years back  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  (a) Current year (b) Prior year (c) Two years back (d) Three years back  d Grants or scholarships	
1a Beginning of year balance	ack (e) Four years back
b Contributions	(e) I our years back
c Net investment earnings, gains, and losses	
losses	
Other expenditures for facilities and	
programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ▶ %	
b Permanent endowment ▶ %	
c Temporarily restricted endowment ▶%	
The percentages in lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for t	the
organization by:	Yes No
(i) unrelated organizations	. 3a(i)
(ii) related organizations	. 3a(ii)
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	. 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.	<del></del>
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990,	, Part X, line 10.
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (c) Accumulated depreciation	(d) Book value
1a Land 0	
b Buildings	
c Leasehold improvements 0 0 0	0
	0
d Equipment	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	0

Part VII	Investments-Other Securities			· · · · · · · · · · · · · · · · · · ·	<del></del>	
•	Complete if the organization ans	swered "Yes" to For	m 990, Parl	IV, line	11b. See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)	у	(b) Book	ralue		othod of valuation: d-of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(^)						
(B)						
(C)						
(D)			ļ <u> </u>			<del></del>
(E)						· · · · · · · · · · · · · · · · · · ·
(F)	***************************************		<u> </u>	-	<del></del>	
(G) (H)					<del></del>	
	b) must equal Form 990, Part X, col. (B) line 12.)		<b></b>			<del> </del>
Part VIII	Investments—Program Relate		L	L		
t art viii	Complete if the organization ans		m QQA Parl	· IV line	11c See Form	990 Part Y line 13
	(a) Description of investment	, wordd 100 to 101	(b) Book		·	ethod of valuation
	(a, 2000), p. 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		(5, 555			d-of-year market value
(1)		· · · · · · · · · · · · · · · · · · ·			<del></del>	
(2)						
(3)						
(4)						
(5)						
(6)				[		
_(7)						
(8)						
(9)	15 200 0 14 1 7 1					
	b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.	word "Voo" to For	~ 000 Dad	N/ 11	114 0 5	000 Dawl V 15 45
	Complete if the organization ans	a) Description	11 990, Part	IV, IIIIE	Tiu. See Form	(b) Book value
(1)		-,				(b) DOOK VAILE
(2)				<del></del>		<del></del>
(3)						
(4)		<del></del>				
(5)				······································	<del></del>	
(6)						
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(8)						
(9)	· · · · · · · · · · · · · · · · · · ·					
	nn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	<u></u> .		<u> ▶</u>	
Part X	Other Liabilities.	word "Voo" to Eam	~ 000 Dad	N/ line	44. au 446 Oa	. Farmer 000 David V
	Complete if the organization ans line 25.	wered tes to ron	n 990, Part	IV, line	11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			<del></del>	·
(1) Federal in		(D) DOOK VALOU	<del>_</del>			
	AND CONTRACT ADVANCES	46	5,461			
(3)		- 10	5,451			
(4)			<del></del>			
(5)						
(6)						
(7)						:
(8)						;
(9)						1
	) must equal Form 990, Part X, col. (B) line 25.)		5,461			. <u></u>
2. Liability for	uncertain tax positions. In Part XIII, provi	Ge the text of the footno	ote to the orga	anization's	s financial statem	
organization's	liability for uncertain tax positions under	TIN 40 (ASC 740). Che	CK Here IT THE	EXT OF THE	OCINOTO NAS DE	en provided in Part XIII

Part			•	Retu	m.
<u>.                                    </u>	Complete if the organization answered "Yes" to Form 990, P				
1	Total revenue, gains, and other support per audited financial statements			1	2,935,324
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ı		
а	Net unrealized gains (losses) on investments	2a	0		
þ	Donated services and use of facilities	2b	0		
C	Recoveries of prior year grants	2c	0	{ }	
d	Other (Describe in Part XIII.)	2d	0		_
θ	Add lines 2e through 2d			2e 3	0 005 004
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i ·	· · · · · · · · · · · · · · · · · · ·	3	2,935,324
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_		
a b	Other (Describe in Part XIII.)		0		
C	Add lines 4a and 4b		<u> </u>	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,935,324
Part				_	
	Complete if the organization answered "Yes" to Form 990, P		-		
1	Total expenses and losses per audited financial statements			1	3,206,502
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	o	\ \	
b	Prior year adjustments	2b	0		
C	Other losses	2c	0	]	
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2е	0
3	Subtract line 2e from line 1	٠.		3	3,206,502
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		0		
þ	Other (Describe in Part XIII.)		0		
_c	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 18.)	· · · · · · ·	5	3,206,502
	XIII Supplemental Information.	1 4. D.		. 01	W. Bas A. Dark W. Bas
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t				
			·		
,	ule D, Part X, Line 2 - THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATIO				
,	OR-PROFIT CORPORATION ACT AND IS EXEMPT FROM INCOME TAXES ACC (3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS NOT A PRIVATI				
,	CCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME				
,	CIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740 INCOME TAXES. US				
,	LLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS				
,	NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO				
,	SIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,				
	FINANCIAL STATEMENTS. THE FOUNDATION BELIEVES IT IS NO LONGER S				
,	EARS PRIOR TO 2011.				
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	***************************************				
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### **SCHEDULE L** (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Intermetion about Schoolule I. (Form 990 or 900 EZ) and the instructions lead used in gov/form 990.

OMB No. 1545-0047

Department of the Treasury

(8) (9) (10)

	of the organization	mormation about	Schedule L (Fol	rm 990	or 990-EZ	) and its inst	ructio		ov/ <i>tort</i> loyer ide			ımber	tion		
FOUN	NDATION FOR APPLIE	D MOLECULAR	EVOLUTION IN	VC						59-	34719	<del>)</del> 57			
Par	Excess Bene Complete if the	ofit Transaction ne organization	ns (section 50 answered "Ye	1(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, l	ind 50 line 2	01(c)(29) organ 5a or 25b, or F	ization: orm 99	s only 0-EZ	). , Part	V, lin	э 40b		
1	(a) Name of disqualified	person	(b) Relationship b	etween	disqualified	person and	T	(c) Descript	ion of tra	nsactio	n		(d) Corrected		
	(a) Harris of disquarinos	person		organiz	ation		ļ						Yes	No	
(1)	<del></del>		<del></del>										<del> </del>	<b>↓</b>	
(2)					<del> </del>	<del></del>	<del> </del> -						<del> </del>	↓	
(3)													├	—	
(4)							-						┼	┼	
(6)	<del></del>						<del> </del> -						┼──	├	
2	Enter the amount	of tax incurred	by the organ	nizatio	n manac	pers or dis	oualif	ied persons d	urina t	he ve	ar		<del></del>	<u> </u>	
	under section 4958										<b>▶</b> 5	\$			
3	Enter the amount of										<b>▶</b> §	*			
_		,,,							•			-		***	
Part	Loans to and	/or From Inter				<del></del>									
	Complete if the	ne organization	answered "Ye	s" on	Form 99	0-EZ, Part	V, line	38a or Form	990, Pa	art IV,	line 2	26; or	if the		
	organization r	eported an am	ount on Form	990, P	art X, line	e 5, 6, or 2	2.								
(a) N	ame of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to or	(e) Origin	nai	(f) Balance due	(g) In (	default?	(h) Ap	proved	n w	ritten	
		with organization	loan		om the nization?	principal an	nount	''	1		by bo	oard or		ment?	
		1		<u> </u>					<u> </u>		Com	TILLUGY	↓		
		ļ		То	From	<u> </u>			Yes	No	Yes	No	Yes	No	
(1)	<del></del>	<del>                                     </del>			-				-	<b> </b>	<del> </del>	—	<b></b>	<u> </u>	
(2)	<del></del>	<del> </del>	<del></del>	ļ	<del> </del> -				-	<del> </del>	<del> </del>	<b>↓</b>	<del> </del>		
(3)				<del>                                     </del>						├	┼	<del> </del>	├	<del> </del>	
(5)	<del></del>	<del>                                     </del>		<del> </del>					+	<del>                                     </del>	┼	┼──	├	<del> </del>	
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(8)		· · · · · · · · · · · · · · · · · · ·		1					<del>                                     </del>	<del> </del>		<del> </del>		<u> </u>	
(9)									1			1			
(10)											T				
Total		· · · · ·					. ▶	\$			1				
Part	Grants or Ass Complete if the	sistance Bener ne organization	fiti <mark>ng Interest</mark> answered "Ye	ed Pe	<b>rsons.</b> Form 99	0, Part IV, I	ine 27	·.	- · · · - ·	<u> </u>			•		
(a)	Name of interested person		ship between inter		(c) Amount	of assistance	(	d) Type of assistar	ice	(e	) Purpo	ose of a	ssistan	Ce	
(1)		<u> </u>	<del></del>			· · · · · · · · ·				<u>†                                    </u>					
(2)										<b> </b>					
(3)							-								
(4)															
(5)															
(6)															
(7)															

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	nues?
					Yes	No
(1)	NUCLEIC ACIDS LICENSING LLC	OWNER		CONTRACT REVENUE		1
(2)	FIREBIRD BIOMOLECULAR SCIENCES L	OWNER	95,780	CONTRACT REVENUE		1
(3)	<del> </del>					├
<u>(4)</u> (5)					<del></del>	
(5) (6)		<b></b>			+	-
(6) (7)						-
(8)						
(9)						
(10)						
Par	t V Supplemental Information					
	Provide additional information for	or responses to questions	on Schedule L (see	instructions).		
	***************************************					
					******	
			***************************************			
				***************************************		
			····			
				***************************************		

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

FOUNDATION FOR APPLIED MOLECULAR EVOLUTION INC

Employer identification number 59-3471957

Form 990, Part III, Line 4a - R01GM086617 - BIOCHEMICAL & PHARMACOLOGICAL STUDIES OF HUMAN MEMBRANE PROGESTERONE RECEPTORS - THIS PROJECT INVOLVES WORK TO EXPAND OUR UNDERSTANDING OF HOW HUMAN CELLS SENSE AND RESPOND TO STEROID HORMONES.....RSA1371457 - NASA ASTROBIOLOGY SUBCONTRACT FROM THE JET PROPULSION LAB - TITAN AS A PREBIOTIC CHEMICAL SYSTEM - THIS PROJECT INVOLVES WORK TO UNDERSTAND HOW TITAN MIGHT SERVE AS A MODEL FOR PREBIOTIC EARTH, WHETHER IT MIGHT CURRENTLY HOST LIFE THAT LIVES IN UNUSUAL ENVIRONMENTS, AND TO OTHERWISE INFORM NASA MISSIONS TO THIS MOON OF SATURN AND IN THE STUDY OF EXOPLANETS.....NNX10AT28G - NASA EXOBIOLOGY - LANDSCAPES IN CATALYTIC NUCLEIC ACIDS - THIS PROJECT INVOLVES WORK TO GENERATE QUANTITATIVE EXPERIMENTAL DATA TO DETERMINE HOW FUNCTIONAL BEHAVIOR IS DISPLAYED BY TWO BIOPOLYMERS (DNA AND RNA) WHICH ARE BOTH KNOWN TO BE ABLE TO SUPPORT BOTH GENETICS AND CATALYSIS LIFE.....R01AI098616 - IMPROVED HIV ASSAYS BY COMBNING FOUR INNOVATIONS IN NUCLEIC ACID CHEMISTRY - THIS PROJECT INVOLVES WORK TO IMPROVE HIV DIAGNOSTIC TOOLS, ESPECIALLY TO DISTINGUISH CHRONIC FROM RECENT INFECTIONS OF THE AIDS-CAUSING VIRUS.....W911NF-12-C-0059 (SUBCONTRACT) - DESIGNABLE REAGENTS AND SOFTWARE FOR DNA-BASED NANOSENSOR ARCHITECTURES - THIS PROJECT INVOLVES WORK TO USE BIOMIMETIC NUCLEIC ACIDS TO CREATE NANO-STRUCTURES THAT CAN DETECT AND SIGNAL THE PRESENCE OF TARGET MOLECULES.....HR001-11-2-0018 -KNOWLEDGE-BASED REAGENTS FOR DNA DIAGNOSTICS: MEETING DARPA'S PERFORMANCE METRICS - THIS PROJECT INVOLVES WORK TO DEVELOP REAGENT-ENZYME COMBINATIONS TO SUPPORT POINT-OF-CARE DIAGNOSTIC TOOLS FOR INFECTIOUS AGENTS. HERE, THE NUCLEIC ACIDS OF THE INFECTIOUS AGENTS ARE THE TARGETS.....C13K11520(K00184) (SUBCONTRACT) - IROTS: INOPERABLE ROBUST ORTHOGONAL TRANSLATION SYSTEM - THIS PROJECT INVOLVES WORK TO SUPPORT TEAMS AT YALE, NORTHWESTERN AND AGILENT SEEKING TO INCREASE THE NUMBER OF ENCODED AMINO ACIDS IN PROTEINS THAT ARE TRANSLATED IN VITRO AND IN VIVO.....HDTRA-13-1-0004 - APTAMERS FROM ARTIFICIAL GENETIC SYSTEMS - THIS PROJECT INVOLVES WORK TO DEVELOP TECHNOLOGY TO CREATE "BINDERS ON DEMAND" IN THE FORM OF NUCLEIC ACID ANALOGS CONTAINING ADDITIONAL NUCLEIC ACID BUILDING BLOCKS.....R21GM100303-03 - IN SILICO AND IN VITRO INVESTIGATION OF NON-CONSERVED INTERACTION CHARACTERISTICS - THIS PROJECT AIMS TO SHED LIGHT ON HOW VALID A COMMON ASSUMPTION IS, THAT UNDERPINS MOST INFERENCE OF THE FUNCTION OF HUMAN PROTEINS, FROM KNOWLEDGE REGARDING THE RELATED PROTEINS IN OTHER SPECIES. ARE INTERACTIONS WITH OTHER DIRECTLY RELATED PROTEINS REALLY NEARLY CONSERVED? COMPUTATIONAL METHODOLOGY AIMING TO DETECT SIGNALS OF SELECTION PRESSURE IN GENES AND PROTEIN SURFACE PROPERTIES WLL BE USED ON COMPUTATIONAL MODELS OF THE TARGET PROTEINS AND PREDICTIONS WILL BE VALIDATED BY LABORATORY EXPERIMENTS TO GENERATE NEW INSIGHT IN THIS AREA.....R21AI105985-01 - INHIBITING PROTEIN-PRIMED REPLICATION OF HUMAN ENTEROVIRUSES - THIS PROJECT INVOLVES WORK TO DEVLOP AND TEST INHIBITORS OF THE VPG DEPENDENT ACTIVITY OF ENTEROVIRAL POLYMERASES WITH THERAPEUTIC POTENTIAL.....NNX14AK37G - EXPERIMENTAL APPROACHES TO POTENTIAL ALIEN MOLECULAR BIOLOGIES: A TWO-BIOPOLYMER DARWINIAN SYSTEM - THIS PROJECT WILL PLACE EXPERIMENTS BEHIND THE HYPOTHESIS THAT ALTERNATIVE MOLECULAR BIOLOGIES MIGHT NOT ONLY BE POSSIBLE, BUT MIGHT ALSO BE MORE LIKELY THAN THE STANDARD THREE BIOPOLYMER MOLECULAR THAT IS "UNIVERSAL" ON EARTH.....1R01GM111386-01 - EXPANDED DNA, IN VITRO SELECTION, APTAMERS, AND CANCER - THIS PROJECT INVOLVES WORK TO DEVELOP THE TECHNOLOGY TO ROUTINELY, RELIABLY, AND INEXPENSIVELY DELIVER DNA-LIKE MOLECULES THAT BIND TO TARGETS ("APTAMERS"), FOR ANY TARGET, BUT INITIALLY FOR CANCER CELLS AND THEIR PROTEINS....MCB-1412869 - FIREBUG: A LIVING CELL THAT PROPOGATES PLASMIDS BUILT FROM AN ARTIFICIAL GENETIC SYSTEM - THIS PROJECT INVOLVES WORK TO CREATE A CELL THAT IS ABLE TO USE AN ENTIRELY SYNTHETIC FORM OF DNA, ONE BUILT FROM 6 NUCLEOTIDE "LETTERS", TWO MORE THAN THE NUMBER OF NUCLEOTIDES FOUND IN NATURAL DNA... Form 990, Part VI, Section A, Line 2 - STEVEN BENNER, PRESIDENT, MARRIED TO BEVERLY SANDERS, DIRECTOR. Form 990, Part VI, Section B, Line 11b - A COPY OF FORM 990 WILL BE PROVIDED TO THE GOVERNING BODY BEFORE IT IS FILED. IT WILL BE REVIEWED AND ANY NECESSARY CHANGE WILL BE MADE. Form 990, Part VI, Section B, Line 12c - THE BOARD OF DIRECTORS ADDRESSES CONFLICTS OF INTEREST THROUGHT THE YEAR AS THE NEED ARISES.

Form 990, Part VI, Section B, Line 15 - A BOARD MEETING IS CALLED TO REVIEW PERFORMANCE FOR THE PRIOR YEAR. BOARD MEMBERS DETERMINE ANY INCREASE AND VOTE ON THE INCREASE DETERMINED. THE APPLICABLE INCREASE IS APPLIED

ONCE IT IS VOTED ON A APPROVED BY THE BOARD.

Supplemental Information (Continued)										
Form 990, Part VI, Section C, Line 19 - THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL										
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.										

#### **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization enswered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Information about Schedule R (Form 990) and its instruc

2014 Open to Public

OMB No 1545-0047

Department of the Treasury

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Name of the	•								Employer Ide		number	
FOUNDAT	ION FOR APPLIED MOLECULAR EVOLUTION INC								59	-3471957		
Part I	Identification of Disregarded Entities Comple											
	(a) Name, address, and EIN (if applicable) of disregarded entity		Prin	(b) nary activity	Le O	(c) egal domicile (state or foreign country)	(d) Total Income	End-o	(e) of-year assets	(f) Direct con entit	ntrolling	
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Part II	Identification of Related Tax-Exempt Organiz one or more related tax-exempt organizations de	ations Co uring the t	mplete if ti ax year.	ne organization	ans	wered "Yes" or	Form 990, Pa	rt IV, li	ne 34 beca	use it ha	d	
	(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (str or foreign countr		(d) Exempt Code section	(e) Public charity stat (if section 501(c)(	us (	(f) Direct controlling entity	Section Cont	(g) n 512(b)(13) ntrolled ntity?	
		<del> </del>		ļ			ļ <u>.</u>			Yes	No	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Cat No 50135Y

Part III identification of because it had on	Related Organization e or more related orga	s Taxable nizations	as a Partners treated as a pa	ship Complete if irtnership during	the organiza the tax year.	tion answere	d "Y€	9" 01	n Form 990, Pa	rt IV,	line	34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionale flons?	(f) Code V—UBI amount in box 20 of Schedute K-1 (Form 1085)			(k) Percentage ownership
			L	<u></u>			Yes	No		Yes	No	
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Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Name, address, and EIN of related organization (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (g) Share of -of-year asse (h) Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No (1) NUCLEIC ACIDS LICENSING LLC (20-2709991) RESEARCH 1501 NW 68TH TERRACE, GAINESVILLE, FL 32605 N/A 0% (2) FIREBIRD BIOMOLECULAR SCIENCES LLC (90- RESEARCH 13708 PROGRESS BOULEVARD N112, ALACHUA, F FL N/A \_(7)\_\_\_\_

Page	3

Part	Transactions With Related Organizations Complete if the organization answ	were	ed "	Yes	" or	ı Fo	rm	990,	Pai	t IV,	line	e 34	, 35	b, c	or 36				
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.																	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with on	ne or	mo	TB TE	late	d on	oani	zatio	ons f	sted	in F	arts	s 11–1	V?					1
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity																18		7
b	Gift, grant, or capital contribution to related organization(s)																1b		1
C	Gift, grant, or capital contribution from related organization(s)																10		1
ď	Loans or loan guarantees to or for related organization(s)																1d		7
	Loans or loan guarantees by related organization(s)																10		1
f	Dividends from related organization(s)																11		1
g	Sale of assets to related organization(s)																1g		1
h	Purchase of assets from related organization(s)																1h		1
1	Exchange of assets with related organization(s)				. <b>.</b>												11		1
j	Lease of facilities, equipment, or other assets to related organization(s)																1)		1
																			- :
k	Lease of facilities, equipment, or other assets from related organization(s)																1k		✓
1	Performance of services or membership or fundralsing solicitations for related organization(	(s) .															11		1
m	Performance of services or membership or fundraising solicitations by related organization(s	(s) .															1m	-	1
n	Sharing of facilities, equipment, malling lists, or other assets with related organization(s).																in	1	
0	Sharing of paid employees with related organization(s)																10		1
																			s
р	Reimbursement paid to related organization(s) for expenses																1p		1
q	Reimbursement paid by related organization(s) for expenses																19		✓
																			i
r	Other transfer of cash or property to related organization(s)																1r		✓_
8	Other transfer of cash or property from related organization(s)		<u>.</u>	<u>.</u>				<u></u>		•		·-	<u> </u>	<u>.</u>	<u></u>		13		✓_
2	If the answer to any of the above is "Yes," see the instructions for information on who must	t con	npie	te ti	is li	ne, li	nclu	ding	cov	ered	rela	tion	ship	s an	d tra	nsacti	ion thr	eshol	ds.
	(a) Name of related organization	- 1		Trans	(b)					(c) nt Invo						(d)	ig amou	I	
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicite (state or foreign country)	income (related, unrelated, excluded	Are all p	tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionata itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mani part	ral or aging	(k) Percentage ownership
			88C(ID/IS 512-514)	Yes	No			Yes	No		Yes	No	
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Schedule R (Form 990) 2014 Page <b>5</b>											
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).										
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Schedùle O, Statement 1

FOUNDATION FOR APPLIED MOLECULAR EVOLUTION INC 59-3471857

Form: 990 Page: 1

Line Number.

Reasonable Cause Explanations

#### Explanation

THIS RETURN WAS FILED AFTER THE DUE DATE BECAUSE THE AUDITED FINANCIAL STATEMENTS USED TO PREPARE THE RETURN WERE NOT ISSUED UNTIL AFTER THE RETURN'S DUE DATE. THE ORGANIZATION RECEIVED NOTICE THAT FORM 8868, APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN WAS DENIED BECAUSE THE POSTMARK DATE ON THE ENVELOPE WAS LATER THAN THE RETURN DUE DATE. THE ORGANIZATION DID NOT RETAIN PROOF OF THE MAILING OF THE EXTENSION REQUEST.