Department of the Treasury

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No 1545-0052 2018

•	٠.	Interna	Revenue Service	▶ Go to	www irs.	.gov/For	m990PF for ins	tructions and t	the latest	<u>informa</u>	tion	pen to Public Inspec	ction
-	i	For c	alendar year 2018	or tax year begi	nning ·		-	12/10 , <b>2018</b>	, and en	ding		12/31, 20	
	-		of foundation		<del>_</del>						A Employer identi		
		PRO	OLACTA BIOSCI	ENCE FOUNDAT	TION						83-279414	<u> 1</u> 7	
	ī		ar and street (or P O bo			to street a	ddress)		Room/su	ıte		ber (see instructions)	
	The second of th						,			]		(000 //000/00/00/00/	
		1800 HIGHLAND AVENUE							1		16261 6	06.0651	
	7								<u> </u>		(626) 6:	50 - 302T	
	(	City or	town, state or province	e, country, and ZIP or to	reign post	iai code					<b>.</b>		
										- 1	<ul> <li>If exemption application pending, check her</li> </ul>		X
ر	_	DUA	ARTE, CA 9101	.0	_								
·	(	G Ch	eck all that apply	X Initial retu	rn		Initial return	of a former p	oublic ch	arity	D 1 Foreign organiza	ations, check here	
				Final retur	n		Amended r	eturn		- 1	2 Foreign organiz		
				Address c	hange		Name chan	ae	$\Gamma_i$	- 1	85% test, check		$\Box$
	ī	H Ch	eck type of organi			(c)(3) e		<del></del>	·.A		computation .		ш
	·		Section 4947(a)(1) r					rivate founda	tion "		•	on status was terminated	
	-									<u> </u>	under section 507(	o)(1)(A), check here . P	
	ı		r market value o			_	method X	Jash Acc	crual _	<i>'</i>		in a 60-month termination	$\overline{}$
			d of year (from Pa			other (sp					under section 507(t	)(1)(B), check here . >	Ш
$\Omega$	_		* *	500,000.			(d) must be on o	ash basis )		L		T	
1	) [	Part	Analysis of Rev	enue and Expens	es (The	(a) i	Revenue and	(h) Not inve	antmont		Additional not	(d) Disbursement for charitable	its
$\mathcal{Y}()$	,		total of amounts if	n columns (b), (c), a	nd (d)		penses per	(b) Net inve		(c.	Adjusted net income	purposes	
, ,			column (a) (see in			L	books					(cash basis only	/)
	_	1	Contributions, gifts, grant	s, etc., received (attach scl	nedule) .		500,000				SAL MARK	<b>公</b> 居公司的制度。	5.4K
_		2	Chack I If the	e foundation is not requ	ured to	SAC 342	AND TOP A	图 1000 1000 1000 1000 1000 1000 1000 10		2000	Merkiter CX2	MAN WORK WASHINGTON	Dy Tarily
^ •		3		h Sch B		20,000	AN OCCUPACIONAL DE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. **	77.00	*	THE PROPERTY OF	**************************************
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		Ь	Net rental income or (	loss)		100 May 100 M	ACCOMPANY OF THE		THE WATER	7 \$150 CM 2)	THE STATE OF THE PROPERTY OF A	· · · · · · · · · · · · · · · · · · ·	200 A 100 A
	9	6a	Net gain or (loss) from Gross sales price for a		line 10	AVE 322 34 9	S. PER MO WILL MY B. S.	MARKET STATE	STEEL STAN	F-20 5 22			
	5	<u>.</u>	assets on line 6a			MATERIAL PROPERTY.	Million Water	TO TODATE AT	alian en d	PRINTED IN		CANADAM CONTRACTOR	部部
	Revenu	7	Capital gain net ind	come (from Part IV, I	ine 2) .	37.3	<b>光明性像和外</b> 系列	Time .	0.	問題	<b>计划指数数据数据</b>	RANGE AND AND	
	α	8  2	Net short-term cap	ıtal gaın ,			Beer and the	FILEGE	IVE	7	7	是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的	100
		9,	Income modificatio			為主義		》 海拔性疾病	%82555EX	S	L		
		10 a	Gross sales less return and allowances			24	<b>化多点型</b>	NOV:2	2010	S	THE STATE OF THE S	RAMO (SERVICE)	
		١,	Less Cost of goods so		•	· William	#X2731490	TOMOS TRADATA		S Q	THE COUNTY	THE PARTY OF THE P	1. S. C. W.
			Gross profit or (loss			7 7 7 7 7 7		The second	<b>"""特别"</b>	121		平面是的方面的大型工作人	
		11		ch schedule)				UGDE	VIIT			AND THE RESERVE THE	JF 233
		12		hrough 11			500,000	1,00				NAME OF THE PARTY	201.40
0	_	+		1			0	<del>                                       </del>				PRATATANAN PLANNING PARA	45 - 45
75	U	13	•	ers, directors, trustees,			·· <del>··</del>	<del> </del>		<del> </del>			
7	ď	0		laries and wages .		<u> </u>		<del>-</del>					
~	a			ployee benefits			··· · <del>- ·</del>	<b></b>	<u> </u>				
<b>6</b> 7	Z	( I to a	Legal fees (attach s	schedule)									
Z	Ш	٩	Accounting fees (a	ttach schedule)									
$\preceq$	<u>.</u>	,	Other professional							<u> </u>			
_	rativ	17	Interest										_
	ţ	•	Taxes (aftach sched										
Ш	Ξ.	10	Depreciation (attac								-	WALLEY WALL	1
	툪	20	_			<u> </u>					<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	234.64
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	Þ	21 22	Travel, Conferences					<del>,</del>					
SCANNED JAN	ē	22	Printing and publica					<del>-</del>				<del></del>	
U)	Da	23 24 25	Other expenses (at					<del> </del>					
	ati	24	Total operating an	d administrative exp	oenses.	•					•		
	ē	i	Add lines 13 through	jh 23			0.						
	o	25	Contributions, gifts		1			02345K52		はいない	<b>《四十二》</b>		
	_	26	Total expenses and disbu		1		0 .						0.
	_	27	Subtractine 26 fro					WATER CHARACTE		Maria Constitution	The state of the state of	THE PARTY OF THE P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Excess of Pevenue ove		semente		500,000.	MARKANE.					
			Net investment inc			5. 5. 26. 26. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	WANTED WAR	The state of the s	0.	湯の変い		THE STATE OF THE S	A SECTION
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JSA For Paperwork Reduction Act Notice, see instructions 861410 1 000 21750T 3857

Form **990-PF** (2018)

Part I		Attached schedules and amounts in the description column should be for end-of-year.	Beginning of year	End of year			
	CILT	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		500,000.	500,000		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶			ANCHORES SERVICE		
	-	Less allowance for doubtful accounts ▶	] _				
	4	Pledges receivable ▶		SAC STATE OF THE	STATE OF THE STATE		
		Less allowance for doubtful accounts ▶					
	5	Grants receivable			,		
	6	Receivables due from officers, directors, trustees, and other			į.		
		disqualified persons (attach schedule) (see instructions)	,		,		
	7	Other notes and loans receivable (attach schedule)					
	باد اور به   -	Less allowance for doubtful accounts					
ß	-8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges			,		
ĕ	10a	Investments - U.S. and state government obligations (attach schedule), .					
	ь	Investments - corporate stock (attach schedule)					
		Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis		CATA AND AND AND AND AND AND AND AND AND AN	GU TON THE MAN		
		Less accumulated depreciation	THE PERSON NAMED IN THE PE	~	Section 1 Control of the Control of Control		
	12	(attach schedule) Investments - mortgage loans					
		Investments - other (attach schedule)					
	14	Land, buildings, and	PORCOVER AND A SECOND	ながらなるとはなる。			
		equipment basis Less accumulated depreciation (attach schedule)	EL TOTAL AL OL L'AND MANAGEMENT PROPERTY.	The comment of the state of the	The state of the s		
		Other assets (describe >					
	16	Total assets (to be completed by all filers - see the					
		instructions Also, see page 1, item I)	0.	500,000.	500,000.		
٦		Accounts payable and accrued expenses		,	HAMADA ZWE HOW		
		Grants payable					
S		Deferred revenue			<b>新文中经验的</b>		
abilities		Loans from officers, directors, trustees, and other disqualified persons.		_ <del></del>	<b>通常推荐的主义之类的</b>		
豆		Mortgages and other notes payable (attach schedule)			<b>建筑的地位。</b>		
		Other liabilities (describe ►			是多数的		
		,					
	23	Total liabilities (add lines 17 through 22)	` ' 0.	0.			
		Foundations that follow SFAS 117, check here X		, ,	ATTENDED TO THE STATE OF THE ST		
es		and complete lines 24 through 26, and lines 30 and 31					
ances	24	Unrestricted		`500,000.			
		Temporarily restricted			2000年2000年2000		
9	26	Permanently restricted	,				
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶					
띠		and complete lines 27 through 31	ν ,	J			
9	27	Capital stock, trust principal, or current funds					
इ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			WASHING WASHING		
SS	29	Retained earnings, accumulated income, endowment, or other funds			<b>"我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>		
Ž	30	Total net assets or fund balances (see instructions)	0.	500,000.	<b>网络斯特斯特斯科</b>		
	31	Total, liabilities and net assets/fund balances (see					
_(		instructions)	0.	500,000.			
Р		Analysis of Changes in Net Assets or Fund Bala	nces				
		I net assets or fund balances at beginning of year - Part		nust agree with			
		of-year figure reported on prior year's return)			0.		
2		r amount from Part I, line 27a			500,000.		
		er increases not included in line 2 (itemize)					
		lines 1, 2, and 3			500,000.		
		reases not included in line 2 (itemize)		5			
6	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b	o), line 30 6	500,000.		
_					- 000 DE		

. .

Pa	art IV Capital Gains	and Losses for Tax on In	vestment Income			
	(a) List and de	scribe the kind(s) of property sold (fo	r example, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	rick warehouse, or common stock, 20	00 shs MLC Co)	P - Purchase D - Donation	(mo.dav.vr)	(mo, day, yr)
1	a					
	b					
_	C					
_	<del></del> d		-	<del> </del>		
	<del></del>			<del> </del>		
	<u></u>	(f) Depreciation allowed	(g) Cost or other basis	<del> </del>	(h) Gain or (lo	
	(e) Gross sales price	(or allowable)	plus expense of sale	ļ	((e) plus (f) mini	
	a					
	b			l		
	s					
(	d			1		
_	•				- <del></del>	
	Complete only for assets sl	howing gain in column (h) and owne	ed by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	ain minus
	() END/ ( 40/04/00	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less the	
	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any	ŀ	Losses (from col	(h))
					<del> </del>	
	<u></u>	<del> </del>				
	;				<del></del>	<del></del>
	<u></u>			-		
		<del></del>	+		<del></del>	
	<u> </u>			<del>                                     </del>		
2	Capital gain net income	or (not conital loce)	gain, also enter in Part I, line 7	2		
_	Not all and decree as a state of		(loss), enter -0- in Part I, line 7	<del></del>		<del></del>
3		ain or (loss) as defined in section	,			
	•	• •	istructions If (loss), enter -0- in $\}$	1 1		
	Part I, line 8	·····		3	<del></del>	
Pa	rt V Qualification U	Inder Section 4940(e) for Re	educed Tax on Net Investment i	ncome _		
(Fo	r optional use by domestic	private foundations subject to the	he section 4940(a) tax on net invest	ment incor	ne)	
Wa		the section 4942 tax on the distri	the above the part in the b			Yes No
		't qualify under section 4940(e)				
1		nount in each column for each ye	ear, see the instructions before make	ng any en		
Ca	(a)  Base period years  lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution rat (col (b) divided by	
	2017		<del>                                     </del>			
	2016		<del>                                     </del>			
	2015					
	2014					
	2013			<del></del>		
	2010	<del></del>	<del></del>	<del>                                     </del>		
_	Tatal of line 1 calumn (a	4)		2		
2	total of line 1, column (d	1)		-		
3			de the total on line 2 by 5 0, or by			
	the number of years the	foundation has been in existence	e if less than 5 years	3		
4	Enter the net value of no	incharitable-use assets for 2018	from Part X, line 5	4		
7	Enter the net value of no		10 dit 14 mo 0			<del></del>
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)	)	6		<del></del>
7	Add lines 5 and 6			7		
8	Enter qualifying distribution	ons from Part XII, line 4	,,,	8		
	If line 8 is equal to or gr Part VI instructions	reater than line 7, check the box	x in Part VI, line 1b, and complete	that part i	using a 1% tax	rate See the
JSA					Form \$	90-PF (2018)

	rt VI Carrise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instr	uction	ns)
1à	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	WAR TO		1045 GI
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	, const with the	10-101, 44	0.
	here ▶ ☐ and enter 1% of Part I, line 27b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N. A	18450
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)	Sealer on Think it is	ener Just s Dabu	er arred
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2	t		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments 2			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a			
b	Exempt foreign organizations - tax withheld at source	~ 15%, 135%, 15%, 15%, 15%, 15%, 15%, 15%, 15%, 1		
, с	Tax paid with application for extension of time to file (Form 8868) 6c			
, d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached , , , , , , 8			
′ 9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 11			
Pai	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did in	( 選到	Yes	No
	participate or intervene in any political campaign?	1a		Х
⁺ b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	,		
	instructions for the definition	16		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			\$27.74 \$4.55
	(1) On the foundation ▶ \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$0.	200		6074
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	A 42, 5290.	X
	If "Yes," attach a detailed description of the activities	249		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	, Mari		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 7 5 5 7 5 2 1	wa89.3750v	X
	If "Yes," attach the statement required by General Instruction T	7.5		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	1 3	ANGEL STATE	
	conflict with the state law remain in the governing instrument?	6	_ <del>X</del>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	350 23
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
1	CA,	- [83]	3.3	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1 1	AC ACT	rical
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	* X	V. 7-1-
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	( (		WELL !
9	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"	-	- 1	
9	4942(J)(5) for Calendar year 2016 of the tax year beginning in 2010. Gee the instructions for fair XIV in 1es,	1 1	1	7.7
9	complete Part XIV	9		<u>X</u>
9			х	<u>X</u>

Fal	Statements Regarding Activities (continued)			
•	No.		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	ĺ	[ [	
	person had advisory privileges? If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address HTTPS://PAGE.PROLACTA.COM/FOUNDATION			
14	The books are in care of ▶ DAVID DREYER Telephone no ▶ 626-626	965	<u> </u>	
	Located at ▶1800 HIGHLAND AVENUE DUARTE, CA ZIP+4 ▶ 91010			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	$\sqcup$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	1414/4-1004	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country >	100 AU		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Inviert was		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	24.4	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		差到	
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	52455		X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	0000904	ESECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PE
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c	3.73	X
•	were not corrected before the first day of the tax year beginning in 2018?	F 1985	ens.	234
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
•	operating foundation defined in section 4942(j)(3) or 4942(j)(5))  At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
a	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	武器		
_	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018 )	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х

$\overline{}$	rt VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	uired (conti	nued)		
5a	During the year, did the foundation pay or incur any an					332	Yes No
	(1) Carry on propaganda, or otherwise attempt to influ		on 4945(e))?	Yes	X No	77. 6	18 42 TV
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,						
	directly or indirectly, any voter registration drive?			_	X No		<b>福州等</b>
	(3) Provide a grant to an individual for travel, study, or			- I	X No	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	(4) Provide a grant to an organization other than a	• •		• —	<b>.</b>		
	section 4945(d)(4)(A)? See instructions		•		X No		
	(5) Provide for any purpose other than religious, of						
	purposes, or for the prevention of cruelty to children	·	• •		X No		
h	If any answer is "Yes" to 5a(1)-(5), did any of the					18 M	
U	Regulations section 53 4945 or in a current notice rega					5b	X
		J	•		· · · · · ·	20	5-13 W%
	Organizations relying on a current notice regarding disa						
- C	If the answer is "Yes" to question 5a(4), does the		•		٠. <del>اح</del>	100	
	because it maintained expenditure responsibility for the	•		Yes	X No		
	If "Yes," attach the statement required by Regulations					3 × 1 1	
6a	Did the foundation, during the year, receive any fu						M. S.
	on a personal benefit contract? ,			Yes	X No	أمكست	ME L
b	Did the foundation, during the year, pay premiums, dir	ectly or indirectly, on a	personal benefit contra	ict?		6b	X
	If "Yes" to 6b, file Form 8870					1 (76%)	
7a	At any time during the tax year, was the foundation a p	party to a prohibited tax	shelter transaction?	Yes	X No	minus n	
b	If "Yes," did the foundation receive any proceeds or ha	ave any net income attri	ibutable to the transacti	on?		7b	
8	Is the foundation subject to the section 4960 tax on pa	lyment(s) of more that	n \$1,000,000 in			154,544	100
	remuneration or excess parachute payment(s) during the	e year?	. <u> </u>	. Yes	X No		
_Pai	Information About Officers, Directo	ors, Trustees, Fou	ndation Managers	s, Highly Pai	d Empl	oyees,	,
1	and Contractors List all officers, directors, trustees, and foundate	ion managers and	their compensation	See instruction	ons.	<del>`</del>	
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contribution	is to	(e) Expense	account.
_	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit and deferred comp		other allo	
ATCI	H 2		0.		0.		0
	•-				(		
					ŀ		
		1					
						<del></del>	
2		(other than thos	e included on line	e 1 - see ins	struction	ns). If no	ne, ente
2	Compensation of five highest-paid employees	(other than thos	e included on line		_	ns). If no	ne, ente
	Compensation of five highest-paid employees "NONE."	(b) Title, and average		(d) Contribution	ns to nefit	(e) Expense	account,
	Compensation of five highest-paid employees	<del>,</del>	e included on line (c) Compensation	(d) Contribution employee ber plans and defe	ns to nefit erred		account,
	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week		(d) Contribution	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribution employee ber plans and defe	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week		(d) Contribution employee ber plans and defe	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribution employee ber plans and defe	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribution employee ber plans and defe	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribution employee ber plans and defe	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribution employee ber plans and defe	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribution employee ber plans and defe	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribution employee ber plans and defe	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribution employee ber plans and defe	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000  NONE	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contribution employee ber plans and defe	ns to nefit erred	(e) Expense	account,
(a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contribution employee ber plans and defe	ns to nefit erred on	(e) Expense	account, wances

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-orm	990-25	(ZU 101	

Page 7

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)				
3 Five	nighest-paid independent contractors for professional services. See instructions. If none, enter "NONI	E."			
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation			
NONE					
	er-of others receiving over \$50,000 for professional services				
Part IX-A	Summary of Direct Charitable Activities				
	idation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of s and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses			
1 NONE					
2					
, —					
·——					
4					
Part IX-B	Summary of Program-Related Investments (see instructions)	A			
77077	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount			
1 NONE					
	· · · · · · · · · · · · · · · · · · ·				
2					
All other pro	gram-related investments. See instructions	•			
3		•			
NONE					
T - 4 - 1	nes 1 through 3				

Form 990-PF (2018)

Pa	Irt X. Minimum Investment Return (All domestic foundations must complete this part. For see instructions)	eign founda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	
	Average of monthly cash balances		250,000.
С			·
d		1d	250,000.
е			
	1c (attach detailed explanation)	1 1	
2	Acquisition indebtedness applicable to line 1 assets	7 2	
3	Subtract line 2 from line 1d,		250,000.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	1 1	3,750.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	246,250.
6	Minimum investment return. Enter 5% of line 5	6	742.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	742.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a		<del>-</del>
	Income tax for 2018 (This does not include the tax from Part VI) 2b	]. ]	
С		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	_	742.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	742.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		742.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when concluding for the section 4940(e) reduction of tax in those years	alculating wh	nether the foundation

Par	t XIII Undistributed Income (see inst	ructions)			*
1	Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
-	line 7		ALVEY WARE		742.
	Undistributed income, if any, as of the end of 2018 Enter amount for 2017 only				
	Total for pnor years 20 16 ,20 15 ,20 14	harran sa	-	*-000 M	SPEAK TO THE THE
3	Excess distributions carryover, if any, to 2018				
	From 2013				
`, p	From 2014				
С	From 2015				
	From 2016				
е	From 2017 :		Commence of the second		The second of th
- f	Total of lines 3a through e	7-9-74 T - 2-9-3-3-3-4-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3			TOTAL STORY
	Qualifying distributions for 2018 from Part XII, line 4  \$				
а	Applied to 2017, but not more than line 2a				
	Applied to undistributed income of prior years (Election required - see instructions),		, ·		
c ·	Treated as distributions out of corpus (Election	Constant of the second of the			
	required - see instructions)	GARAGE ATTAT STEELS OF A COLUMN	A CONTRACTOR AND	ne la	
	Applied to 2018 distributable amount	CHARLES TANGE SER			Reduction with a survey
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2018.	- Am.	CONTRACTOR STATEMENT OF THE CONTRACTOR OF THE CO		
(	(If an amount appears in column (d), the same amount must be shown in column (a))	· , , , , , , , , , , , , , , , , , , ,			
	Enter the net total of each column as indicated below:				
а (	Corpus Add lines 3f, 4c, and 4e Subtract line 5	Pet a trade the Petra to the area and the	Eville Service		
	Prior years' undistributed income Subtract ine 4b from line 2b				
c l	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
	Subtract line 6c from line 6b 'Taxable amount - see instructions		, , , , , , , , , , , , , , , , , , ,		
4	Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions			Pad Will of the Nations	
4	Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				, 742.
t	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be	, ,			
	required - see instructions)			A MANAGER AND SERVICE	
8 8	Excess distributions carryover from 2013 not	- 1			
	applied on line 5 or line 7 (see instructions)				
	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a	0.			West Was Figure
10 /	Analysis of line 9		SECTION AND AND AND AND AND AND AND AND AND AN		
аE	Excess from 2014				
b,E	Excess from 2015				
. с Е	Excess from 2016				
d E	Excess from 2017				
	Excess from 2018	TELL SERVICE AND THE SERVICE A	974200e38347554		ACAPTA PARTA

unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

_3_	Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	
	Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
	Recipient Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
а	Paid during the year				
	•			}	
			ĺ		
				}	
			Ì.		
	•	;			
•					
	-				
					•
			j		
	Total			▶ 3a	
b	Approved for future payment				
_					
			1	`	
				į	
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				1	
	,			1	
	-	-			
			1		
	ļ		J		
_					
	Total				

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Part XVI-A Analysis of Income-Prod	lucing Act	ivities			
Enter gross amounts unless otherwise indicated	Unrel	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue	Business code	Amount	Exclusion code	Amount	function income (See instructions)
a					
b			<del> </del>		
c	<u> </u>		<del> </del>		<del></del>
d	ļ		<del> </del>		<del></del>
e					
f	<u> </u>		<del> </del>		<del></del>
g Fees and contracts from government agencies	ļ	<del></del>	<del> </del>		
2 Membership dues and assessments	<u> </u>	<del></del>	<del> </del>		
$\boldsymbol{3}$ . Interest on savings and temporary cash investments $\boldsymbol{\cdot}$	<u> </u>		<del> </del>		<del></del> -
4 Dividends and interest from securities	ļ	<del></del>	<del> </del>	<del></del>	
5 Net rental income or (loss) from real estate			<del> </del>		
a Debt-financed property			<del> </del>		
b Not debt-financed property	<u></u>				
6 Net rental income or (loss) from personal property			<del> </del>		<del></del>
7 Other investment income	<u> </u>	<del></del>	<del> </del>	<del></del>	<del></del>
8 Gain or (loss) from sales of assets other than inventory	<del></del>		+	<del></del>	<del></del>
9 Net income or (loss) from special events · · ·			+		
10 Gross profit or (loss) from sales of inventory	-		<del> </del>		
11 Other revenue a			<del> </del>		
b			<del></del>		
c			<del>                                     </del>		
e			†- <del></del> -		
12 Subtotal Add columns (b), (d), and (e)			<del>   </del>		···
13 Total. Add line 12, columns (b), (d), and (e)				43	· <del></del>
(See worksheet in line 13 instructions to verify calci				<del></del>	
Part XVI-B Relationship of Activities	s to the A	complishment of E	xempt Purp	oses	
					stand sampartametrs to the
accomplishment of the foundation	n s exemp	purposes (other than	by providing	runus for such purposes	s) (See mistructions )
					<del></del>
		-,			
	<del></del>			<del></del>	· · · · · · · · · · · · · · · · · · ·
	<del></del>				<del></del>
				·····	

Form 99						<del>, ,, - "</del> ,						ge <b>13</b>
Part	XVII	Information F Exempt Orga	legarding Tr nizations	ransfers to and	Transacti	ons and	Relation	ships V	Vith None	hari	table	I.
		e organization direc								. ~	Yes	No
		ction 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political								ر ا		
	organizations?  Transfers from the reporting foundation to a noncharitable exempt organization of						,,,					
a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash							1	ĺ	X			
ì	2) Oth	ner assets								1a(1)		X
		transactions								1.5.7		
(	1) Sal	les of assets to a no	ncharitable exe	empt organization						16(1)		х
(	(1) Sales of assets to a noncharitable exempt organization							1b(2)		Х		
										Х		
	(4) Reimbursement arrangements										X	
										_		X
		rformance of service g of facilities, equipn										X
		answer to any of the									fair m	
		of the goods, other										
		n any transaction o										
(a) Line	on e	(b) Amount involved	(c) Name of	noncharitable exempt or	ganization		ription of trans	fers, transa	ctions, and shar	ing arra	ngemer	nts
		N/A	ļ	<del></del> -		N/A						
			ļ									
	$\dashv$	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del> </del>			<del></del>	······································				
	-+											
	_		<del> </del>	<del></del>								
			<del> </del>	<del></del>								
											_	
		<del></del>		<del></del>								
			<del> </del>	<del></del>								
					<del></del> .							
	$\neg \uparrow$			<del></del>			<del></del> -					
2a ls	s the	foundation directly	or indirectly af	ffiliated with, or rel	ated to, on	e or more	tax-exemp	t organiz	zations			
d	lescrit	ed in section 501(c	) (other than se	ection 501(c)(3)) or	in section 52	27?				Y(	es X	No
b !!	"Yes	" complete the follo		<del></del>					<del> </del>			
		(a) Name of organization	'n	(b) Type of	(c) Description of relationship							
				<del></del>				···				
										-		
	Under	penalties of perjury I decl	are that I have exam	nined this return, including	accompanying so	hedules and s	tatements, and	to the best	of my knowledg	e and b	elief, it	is true,
Sign		ect, and complete) Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge							discus	s this	retum	
Here		with the prej						parer shown below?				
	Sign	nature of officer or trustee	'/	Date /		Title			See instructions	<u> </u>	Yes	No.
	<b></b>	Print/Type preparer's na	me	Preparer's signature			Date	Ch	eck If F	TIN		
Paid Preparer		MICHELLE G MI		111/1	///		1	0040	··· — "	P007	5530	4
		Firm's name ► PRICEWATERHOUSECOOPERS LLP Firm's EIN ► 13-40										
Use C	Only		00 13TH STR	EET NW, SUITE	1000							
		W.F	SHINGTON,	DC		200	05	Phone no				
									For	m 990	-PF (	2018)

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

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

OMB No 1545-0047

2018

Name of the organization Employer identification number PROLACTA BIOSCIENCE FOUNDATION 83-2794147 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

Employer identification number 83-2794147

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_	PROLACTA BIOSCIENCE, INC.  1800 HIGHLAND AVENUE  DUARTE, CA 91010	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	. (c) Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II for noncash contributions)				

Name of organization PROLACTA BIOSCIENCE FOUNDATION

Employer identification number 83 - 2794147

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) (a) No., (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I

ne of organ	orm 990, 990-EZ, or 990-PF) (2018) nization PROLACTA BIOSCIENCE FO	MOTTACINIC	Employer identification number				
	TRODUCTI DIODCIDICE IC	ONDATION	83-2794147				
rt III E	xclusively religious, charitable, etc.	contributions to organization	ns described in section 501(c)(7), (8), or				
 (1 th	10) that total more than \$1,000 for	the year from any one contri ions completing Part III, enter the e year (Enter this information of	butor. Complete columns (a) through (e) ne total of exclusively religious, charitable,				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(-), u.pos o.g	(4) 656 6. 5	(1) 2000 (2000)				
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
		r					
n) No rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
·							
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
-	<u> </u>						
) No rom	(b) Purpose of gift (c) Use of g		(d) Description of how gift is held				
_							
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
-							
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
-							
-							
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
	<u></u>						

PROLACTA BIOSCIENCE, INC. 1800 HIGHLAND AVENUE DUARTE, CA 91010

ATTACHMENT 1

FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 2

EXPENSE ACCT AND OTHER ALLOWANCES	·	· o	· 0	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	· o	· o	.0	0.
COMPENSATION	· 0	·o	.0	Ö	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 2.00	DIRECTOR, SECRETARY 4.00	DIRECTOR, PRESIDENT 8.00	TREASURER 2.00	GRAND TOTALS
NAME AND ADDRESS	JOHN BACICH 1800 HIGHLAND AVENUE DUARTE, CA 91010	JOHN SHIELDS 1800 HIGHLAND AVENUE DUARTE, CA 91010	VANESSA SCOTT 1800 HIGHLAND AVENUE DUARTE, CA 91010	DAVID DREYER 1800 HIGHLAND AVENUE DUARTE, CA 91010	