Form 990-PF

Return of Private Foundation

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

2019

Department of the Treasury Internal Revenue Service ►Do not enter social security numbers on this form as it may be made public. \\Q`\12

Open to Public Inspection

For	calend	lar year 2019 or tax year beginning , a	and ending		•		
Na	me of fou	indation			A Empl	oyer identification number	
_						1006116	
		LATION BIOLOGY FOUNDATION	· 			-1836116	
		street (or P 0 box number if mail is not delivered to street address)NORTH AVEROOM WUB 221C	Ro	oom/suite		none number (see instructions) $0-248-1146$ —	
		, state or province, country, and ZIP or foreign postal code			9 1	0-240-1140-	
		D JUNCTION CO 81501			C If exe	nption application is pending, c	heck here
G	Check a	all that apply Initial return Initial return	n of a former public ch	arıtv	D 1 Fc	▶ □	
		Final return Amended	•	,	2 Fc	_	
		Address change Name cha	nge			computation •	
Н (heck t	ype of organization X Section 501(c)(3) exempt private	foundation	n.1	E If pov	ate foundation status was termi	nated under
			e private foundation	DM		n 507(b)(1)(A), check here	►
		ket value of all assets at J Accounting method	X Cash Acc	rual	F If the I	oundation is in a 60-month terr	mination —
		ear (from Part II, col (c), Other (specify)	oco	. uu.		section 507(b)(1)(B), check he	
	ne 16) l	40 500	be on cash basis)				
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net inv		(c) Adjusted net income	for chantable purposes
	Τ						(cash basis only)
3.	1	Contributions, gifts, grants, etc., received (attach schedule)	31,350				
1	2	Check ► if the foundation is not required to attach Sch B	mi in quest amon thought substitutivities				
73	3	Interest on savings and temporary cash investments					
)	4	Dividends and interest from securities					
	5a b	Met rentancement Was D					
ne	6a	Net gain or (loss) from sale of assets not on life 1)					
en (b	Gross sales price for all assets on type tha					
Revenue	7	Class sales price for all period on imp that O Capital gain net income (from Part 9 V, line 2)			0		
-	8	Net short-term-capital-gain				0	
	9	Income rough EN, UT					
	10a	Gross sales less relums and allowances					
	b	Less Cost of goods sold	*****			-	
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
22	12	Total. Add lines 1 through 11	31,350		0	0	
20,	13	Compensation of officers, directors, trustees, etc	0				
Se S	14	Other employee salaries and wages					
0 5 ense	15	Pension plans, employee benefits					
z \circ	16a	Legal fees (attach schedule) See Stmt 1	275				
EX EX	b	Accounting fees (attach schedule)		-			<u> </u>
≘≗	С	Other professional fees (attach schedule)					
SCANNED dministrative	17	Interest					
Z is	18	Taxes (attach schedule) (see instructions) Stmt 2	50				
\$ E	19	Depreciation (attach schedule) and depletion					
SCANNED Administrative	20	Occupancy				· · ·	
	21	Travel, conferences, and meetings					
ᇣ	22	Printing and publications	201				
Operating and	23	Other expenses (att sch) Stmt 3	201				
ati	24	Total operating and administrative expenses.	526		0	ا	^
Эeг	25	Add lines 13 through 23	29,850		٧	0	29,850
ŏ	25	Contributions, gifts, grants paid Total expenses and dishursements. Add lines 24 and 25	30,376		0	0	29,850
	26	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12	30,376			U	29,630
	1	Excess of revenue over expenses and disbursements	974				
	a b	Net investment income (if negative, enter -0-)			0		
	"	Adjusted net income (if negative, enter -0-)		1		0	

For Paperwork Reduction Act Notice, see instructions.

Certified Mail: 7019-1640-0001-9361-7265

EXTENSION ATTACHED 900-PF (2019)

_		Balance Sheets Attached schedules and amounts in the description colum	mn	Beginning of year	End o	f year
	Part I	Balance Sheets Attached schedules and amounts in the description colur should be for end-of-year amounts only (See instructions	s)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		9,618	10,592	10,592
	2'	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
S		Less allowance for doubtful accounts ▶	0			
	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ą	10a	Investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	С	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.) ▶				
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule)				
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.) ▶				
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the				
_		instructions. Also, see page 1, item I)		9,618	10,592	10,592
	17	Accounts payable and accrued expenses				
	18	Grants payable				
ties	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
Ē	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ► See Statement	4)	20	20	
_	23	Total liabilities (add lines 17 through 22)		20	20	
		Foundations that follow FASB ASC 958, check here				-
es		and complete lines 24, 25, 29, and 30.				
and	24	Net assets without donor restrictions				
3al	25	Net assets with donor restrictions	. (₹)			
þ		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.	► X			
Net Assets or Fund Balance	00					
ō	26	Capital stock, trust principal, or current funds				<u></u>
ts	27	Paid-in or capital surplus, or land, bldg, and equipment fund		9,598	10,572	,
SSe	28 29	Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions)		9,598	10,572	
Ä	30	,		3,330	10,312	
Se	30	Total liabilities and net assets/fund balances (see		9,618	10,592	
=	Part I	instructions) II Analysis of Changes in Net Assets or Fund Balar	1005	3,010	10,332	
<u>⊔</u>		net assets or fund balances at beginning of year – Part II, column (a), line		agree with		
'		f-year figure reported on prior year's return)	. 25 (mast i	agree with	1	9,598
2		amount from Part I, line 27a			2	974
		increases not included in line 2 (itemize) ▶			3	
		nes 1, 2, and 3			4	10,572
		eases not included in line 2 (itemize)			5	
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, c	column (b).	line 29	6	10,572
<u> </u>						

Part IV Capital Gains a	and Losses for Tax on Investn	TION nent Income	91-183611			Page
	e the kind(s) of property sold (for example, real estate warehouse, or common stock, 200 shs MLC Co)	е,	(b) How acquired P – Purchase D – Donation	(c) Date a (mo , da	•	(d) Date sold (mo , day, yr)
1a N/A			D - Donation			
b						
С						<u> </u>
<u>d</u>		-				
e (e) Gross sales price	(f) Depreciation allowed (or allowable)	1 '	at or other basis xpense of sale		(h) Gain or (loss) ((e) plus (f) minus (g))	
а					_	
b			<u> </u>			
с		-				
<u>d</u>						
Complete only for assets showing	g gain in column (h) and owned by the fo	undation on 12/31/6	.9	<u> </u>		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FMV as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any				(h) gain minus ess than -0-) or im col (h))		
b						
С						
d						
e		n Bod Line 7		 		
2 Capital gain net income or (net ca	If (loss), enter -0-	ın Part I, line 7		2		
	ss) as defined in sections 1222(5) and (6 , column (c) See instructions If (loss), e	· —				
Part I, line 8	, column (c) See instructions in (loss), e	inter -0- III		1 - 1		
				1 3 I		
Part V. Qualification U	nder Section 4940(e) for Redu	uced Tax on Ne	l Investment Inc	3 ome		
(For optional use by domestic private	foundations subject to the section 4940					
(For optional use by domestic private If section 4940(d)(2) applies, leave th Was the foundation liable for the sect	foundations subject to the section 4940 his part blank tion 4942 tax on the distributable amoun	t of any year in the b	ment income)			Yes X No
(For optional use by domestic private If section 4940(d)(2) applies, leave th Was the foundation liable for the sect If "Yes," the foundation doesn't qualify	foundations subject to the section 4940 his part blank tion 4942 tax on the distributable amoun y under section 4940(e) Do not complet	(a) tax on net invest t of any year in the b e this part	ment income) ase period?			Yes X No
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the sect if "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in 6	foundations subject to the section 4940 his part blank tion 4942 tax on the distributable amoun y under section 4940(e) Do not complet each column for each year, see the instr	(a) tax on net invest t of any year in the b e this part	ment income) ase period? ng any entries			(d)
(For optional use by domestic private If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in 6	tion foundations subject to the section 4940 his part blank tion 4942 tax on the distributable amoun y under section 4940(e) Do not complet each column for each year, see the instruction (b)	t of any year in the beethis part	ment income) ase period?	ome		
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the sect if "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in each gase period years	to foundations subject to the section 4940 his part blank tion 4942 tax on the distributable amoun y under section 4940(e) Do not complet each column for each year, see the instruction (b) Adjusted qualifying distribution	t of any year in the beethis part ructions before making the nucleons before	ment income) ase period? ag any entries (c)	ome		(d)
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(For optional use by domestic private of section 4940(d)(2) applies, leave the Was the foundation liable for the sect of "Yes," the foundation doesn't qualify. 1 Enter the appropriate amount in each gase penod years. Calendar year (or lax year beginning in 2018. 2017. 2016. 2015. 2014. 2 Total of line 1, column (d). 3 Average distribution ratio for the state in the number of years the foundation. 4 Enter the net value of noncharitation.	foundations subject to the section 4940 his part blank tion 4942 tax on the distributable amounty under section 4940(e). Do not complet each column for each year, see the instruction (b). Adjusted qualifying distribution. 3 2 2 5-year base period – divide the total on loon has been in existence if less than 5 years.	t of any year in the beet his part ructions before making the second of	ment income) ase period? ag any entries (c)	ets 2 3 4		(d) ibution ratio ivided by col (c))
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the sect if "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in each gase penod years Calendar year (or tax year beginning in 2018 2017 2016 2015 2014 2 Total of line 1, column (d) 3 Average distribution ratio for the state number of years the foundation 4 Enter the net value of noncharitation 5 Multiply line 4 by line 3	foundations subject to the section 4940 his part blank tion 4942 tax on the distributable amounty under section 4940(e). Do not complet each column for each year, see the instruction (b). Adjusted qualifying distribution. 3 2 2 5-year base period – divide the total on loon has been in existence if less than 5 years.	t of any year in the beet his part ructions before making the second of	ment income) ase period? ag any entries (c)	ets		(d)
(For optional use by domestic private of section 4940(d)(2) applies, leave the Was the foundation liable for the sect of "Yes," the foundation doesn't qualify a Base penod years Calendar year (or tax year beginning in 2018 2017 2016 2015 2014 2 Total of line 1, column (d) 3 Average distribution ratio for the state number of years the foundation of the number of years the foundation of the state of the st	foundations subject to the section 4940 his part blank tion 4942 tax on the distributable amounty under section 4940(e). Do not complet each column for each year, see the instruction (b). Adjusted qualifying distribution 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	t of any year in the beethis part ructions before making the second of t	ment income) ase period? ag any entries (c) alue of nonchantable-use ass	ets 2 3 4 5 6 7 8		(d) ibution ratio ivided by col (c))

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

(or designate) of each state as required by General Instruction G? If "No," attach explanation

Form 990-PF (2019)

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complete Part XIV

names and addresses

Form	1 990-PF (2019) POPULATION BIOLOGY FOUNDATION 91-18361	16		_	F	age :
Pa	art VII-A Statements Regarding Activities (continued)					
					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					
	person had advisory privileges? If "Yes," attach statement. See instructions			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	tion?		13	X	1
	Website address ► N/A					
14	The books are in care of ▶ DR. THOMAS R. WALLA	elephone no 🕨	970-2	248-	114	6
	1100 NORTH AVENUE	•	* 1	, , ,		
	Located at ▶ GRAND JUNCTION CO	ZIP+4 ▶	8150	1		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	▶ ·	15			_
16	At any time during calendar year 2019, 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				C TH	Part
	the foreign country					
Pa	art VII-BM Statements Regarding Activities for Which Form 4720 May Be Required	d				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			重抗	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			東京		
	(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?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No		뛢	服
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	_	_			
	the benefit or use of a disqualified person)?	Yes	X No			
	(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)	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	_	_			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
	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		_			
	were not corrected before the first day of the tax year beginning in 2019?		N/A	1c		
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))					
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		_			
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	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		_			TIE
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b	· · · · · · · · · · · · · · · · · · ·	.ur
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		(CE)		翻	
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2019 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				撞鞋	
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		4=			
	foundation had excess business holdings in 2019)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes	?		4а	Marana and an	X Posture-P
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			建 通		

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

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Page 6

						Page C
<u></u> ≝Pa	rt VII-B Statements Regarding A	Activities for Which Form	4720 May Be R	<u>equired (conti</u>	nued)	
5a	During the year did the foundation pay or incur	any amount to		_		Yes No
	(1) Carry on propaganda, or otherwise attempt	to influence legislation (section 4	945(e))?		Yes 🗓 No	
	(2) Influence the outcome of any specific public	c election (see section 4955), or to	carry on,			
	directly or indirectly, any voter registration of	drive?		\Box ,	Yes X No	
	(3) Provide a grant to an individual for travel, s	tudy, or other similar purposes?		\Box	Yes X No	
	(4) Provide a grant to an organization other that	an a charitable, etc , organization o	described in	_		
	section 4945(d)(4)(A)? See instructions			Π,	Yes X No	
	(5) Provide for any purpose other than religious	s, charitable, scientific, literary, or	educational	_	_	
	purposes, or for the prevention of cruelty to	children or animals?	· · · · · · · · · · · · · · · · · · ·		Yes X No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	he transactions fail to qualify unde	r the exceptions desc	cribed		
	in Regulations section 53 4945 or in a current r	iotice regarding disaster assistanc	e? See instructions		N/A	5b
	Organizations relying on a current notice regard	ding disaster assistance, check he	re		▶ 🗀	
С	If the answer is "Yes" to question 5a(4), does the	<u> </u>				
	because it maintained expenditure responsibilit			N/A 🗍 🔻	res No	
	If "Yes," attach the statement required by Regu	· · ·				
6a	Did the foundation, during the year, receive any		/ premiums			
	on a personal benefit contract?		•	Π,	res X No	
ь	Did the foundation, during the year, pay premiu	ms, directly or indirectly, on a pers	onal benefit contract	ل ا		6b X
	If "Yes" to 6b, file Form 8870	, , , , , , , , , , , , , , , , , , , ,				
7a	At any time during the tax year, was the founda	tion a party to a prohibited tax she	Iter transaction?	\Box	res X No	
b	If "Yes," did the foundation receive any proceed	• •			N/A	7b
8	Is the foundation subject to the section 4960 tax	•		•	,	
•	remuneration or excess parachute payment(s)		,00,000	\Box	res X No	
Pa	tivili Information About Officer		oundation Mana	gers. Highly F	Paid Employe	es.
E1 -1 -10-10	and Contractors	,,,,		ge.e,g, .	ш. ш	
1 L	ist all officers, directors, trustees, and found	lation managers and their com	noncation Son inct	ructions		
			vensauvn. See msu			
		action managers and their comp			(d) Contributions to	T
		action managers and their comp	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense account,
	(a) Name and address	action managers and their som				(e) Expense account, other allowances
——	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	employee benefit plans and deferred	
	(a) Name and address THOMAS R WALLA	GRAND JUNCTION	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred	
110	(a) Name and address THOMAS R WALLA ON NORTH AVENUE	GRAND JUNCTION CO 81501	(b) Title, and average hours per week devoted to position PRESIDENT 0 25	(c) Compensation (If not paid,	employee benefit plans and deferred	
110	(a) Name and address THOMAS R WALLA OO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF	GRAND JUNCTION CO 81501 MISSOULA	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
WII	(a) Name and address THOMAS R WALLA OO NORTH AVENUE LIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES	GRAND JUNCTION CO 81501 MISSOULA MT 59812	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0.25	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred	other allowances
MIC	(a) Name and address THOMAS R WALLA ON NORTH AVENUE LIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0.25 SECRETARY	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
110 WII DIV MIC 885	(a) Name and address THOMAS R WALLA OO NORTH AVENUE LIAM CHRISTOPHER FUNK, ASST PROF //ISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 6 22 RD	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0.25 SECRETARY 0.25	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
110 WII DIV MIC 889	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF //ISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D.	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0.25 SECRETARY 0.25 DIRECTOR	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances 0 0 0 0
110 WII DIV MIC 889 DUS	(a) Name and address THOMAS R WALLA OO NORTH AVENUE LIAM CHRISTOPHER FUNK, ASST PROF //ISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 6 22 RD STIN PERKINS, PH.D. KUBLER STREET	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0.25 SECRETARY 0.25 DIRECTOR 0.25	(c) Compensation (If not paid, enter -0-) 0	employee benefit plans and deferred compensation	other allowances 0 0 0 0
110 WII DIV MIC 889 DUS	(a) Name and address THOMAS R WALLA ON NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0.25 SECRETARY 0.25 DIRECTOR 0.25	(c) Compensation (If not paid, enter -0-) 0	employee benefit plans and deferred compensation	other allowances 0 0 0 0
110 WII DIV MIC 889 DUS	(a) Name and address THOMAS R WALLA OO NORTH AVENUE LIAM CHRISTOPHER FUNK, ASST PROF //ISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 6 22 RD STIN PERKINS, PH.D. KUBLER STREET	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0.25 SECRETARY 0.25 DIRECTOR 0.25 DIRECTOR 0.25 DIRECTOR 0.25 DIRECTOR 0.25 DIRECTOR 0.25 DIRECTOR 0.25	(c) Compensation (If not paid, enter -0-) 0	employee benefit plans and deferred compensation	other allowances 0 0 0 0
110 WII DIV MIC 889 DUS	(a) Name and address THOMAS R WALLA ON NORTH AVENUE LIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0.25 SECRETARY 0.25 DIRECTOR 0.25 DIRECTOR 0.25 DIRECTOR 0.10 DIRECTOR 0.	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WII DIV MIC 889 DUS	(a) Name and address THOMAS R WALLA ON NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0.25 SECRETARY 0.25 DIRECTOR 0.25 DIRECTOR 0.25 DIRECTOR 0.25 DIRECTOR 0.25 DIRECTOR 0.25 DIRECTOR 0.25	(c) Compensation (If not paid, enter -0-) 0	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances
110 WII DIV 889 DUS 15	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WII DIV MIC 889 DUS	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WII DIV 889 DUS 15	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WII DIV 889 DUS 15	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WII DIV 889 DUS 15	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WII DIV 889 DUS 15	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WII DIV 889 DUS 15	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WII DIV 889 DUS 15	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WII DIV 889 DUS 15	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WII DIV 889 DUS 15	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110 WIT DIT MICE 888: DUY 155 2	(a) Name and address THOMAS R WALLA DO NORTH AVENUE LLIAM CHRISTOPHER FUNK, ASST PROF VISION OF BIOLOGICAL SCIENCES CHAEL LOUGHRY 5 22 RD STIN PERKINS, PH.D. KUBLER STREET Compensation of five highest-paid employe "NONE."	GRAND JUNCTION CO 81501 MISSOULA MT 59812 GRAND JUNCTION CO 81505 CRESTED BUTTE CO 81224 es (other than those included of	(b) Title, and average hours per week devoted to position PRESIDENT 0 25 DIRECTOR 0 .25 SECRETARY 0 .25 DIRECTOR 0 25 DIRECTOR 0 125 On line 1 — see instruction	(c) Compensation (If not paid, enter -0-) 0 0 uctions). If none,	employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred	other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Partivill Information About Officers, Directors, Trustees, Foundation Information Informat	Managers, Highly Paid Em	ployees,
3 Five highest-paid independent contractors for professional services. See instructions.	f none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
· ·		
· · · · · · · · · · · · · · · · · · ·		
Total number of others receiving over \$50,000 for professional services		•
PartiX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the nun organizations and other beneficianes served, conferences convened, research papers produced, etc.	nber of	Expenses
1 N/A		
		·
2		
		
3		
4		
4		
PartiX B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
		
All other program-related investments See instructions 3		
J		
Total. Add lines 1 through 3	•	

Form 990-PF (2019) POPULATION BIOLOGY FOUNDATION Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 0 1a Average monthly fair market value of securities 0 1b Average of monthly cash balances 1c c Fair market value of all other assets (see instructions) 1d d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 2 Acquisition indebtedness applicable to line 1 assets 0 3 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see instructions) 5 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ | X | and do not complete this part) Minimum investment return from Part X, line 6 Tax on investment income for 2019 from Part VI. line 5 2a 2a Income tax for 2019 (This does not include the tax from Part VI) 2b b c Add lines 2a and 2b 2c 3 Distributable amount before adjustments Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII. 7 Part XIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 29,850 Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) За 3b Cash distribution test (attach the required schedule) ь 29,850 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4

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

Adjusted qualifying distributions. Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2019)

5

Form	990-PF (2019) POPULATION BIOLOGY FOU	NDATION	91-18361	.16_	Page 9
Pa	TrixIII Undistributed Income (see instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years pnor to 2018	2018	2019
_	line 7				⁷ a-5. 5660966666650666766676666
2	Undistributed income, if any, as of the end of 2019				
a	Enter amount for 2018 only Total for prior years 20 , 20 , 20				
ь 3	Excess distributions carryover, if any, to 2019				
	From 2014				
b	The state of the s				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e		经验证 证据		
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$ 29,850				
	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required – see instructions)		Citatina, intermentalistra de como con esta de la como con esta de		
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
	Applied to 2019 distributable amount				halandeblahin ng hayatilakin hangonkan la katal
e E	Remaining amount distributed out of corpus	29,850	undika inamin disalik bilatida 1916 dida Bibarasa ina basa barasa sersapasa		
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
Ū	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	29,850			
	Prior years' undistributed income Subtract		The series directly the series in the series of the		
	line 4b from line 2b				
С	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		_		
d	Subtract line 6c from line 6b Taxable				
	amount – see instructions		SHO PTO On 1-17 THE CONTRACTOR BY THE REPORT OF THE PARTY		
е	Undistributed income for 2018 Subtract line				
	4a from line 2a Taxable amount – see				
	Instructions Undistributed income for 2019 Subtract lines				
f	4d and 5 from line 1. This amount must be				
	distributed in 2020				
7	Amounts treated as distributions out of corpus				7672 6076 677
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2014 not				7.204.004.003.003
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
a	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
ď	Excess from 2018				
е	Excess from 2019				

						
9118: Form	96116 1990-PF (2019) POPULATION E	SIOLOGY FOUND	DATION	91-18361	1.6	Rage 10
Pa	art XIV Private Operating Fou	undations (see insti	ructions and Part	VII-A, question 9)		
1a	If the foundation has received a ruling or o	determination letter that it	is a private operating			
	foundation, and the ruling is effective for 2		-	▶	L	/ N/A
b	Check box to indicate whether the founda		foundation described		142(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	/b) 2018	Prior 3 years	(d) 2016/	(e) Total
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(a) 20167	
	investment return from Part X for	اه				0
L	each year listed 85% of line 2a			<u></u>		0
b c	Qualifying distributions from Part XII,			·		
·	line 4, for each year listed	29,850	31,000	29,500	21,000	111,350
d	Amounts included in line 2c not used directly	25,030	32,000		,	222,330
•	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	29,850	31,000	29,500	21,000	111,350
3	Complete 3a, b, or c for the					·
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
-	of minimum investment return shown in					
	Part X, line 6, for each year listed					0
c	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest,		/			
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt	/				
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
D.	(4) Gross investment income irt XV_ Supplementary Inforn	nation (Complete t	his part only if th	e foundation had	1 \$5 000 or more in	accote at
	any time during the ye		•	ie iouiidation nat	2 40,000 or more in	assets at
1	Information Regarding Foundation Ma		,,,,			
а	List any managers of the foundation who i	-	an 2% of the total con	tributions received by ti	ne foundation	
	before the close of any tax year (but only i			•		
	N/A					
b	List any managers of the foundation who	own 10% or more of the s	stock of a corporation	(or an equally large por	tion of the	
	ownership of a partnership or other entity)	of which the foundation I	has a 10% or greater	nterest		
	N/A					
2	Information Regarding Contribution, G					
	Check here ▶ X if the foundation only			=		
	unsolicited requests for funds If the found		, etc , to individuals or	organizations under of	her conditions,	
	complete items 2a, b, c, and d See instru					
а	The name, address, and telephone number $\mathbf{N/A}$	er or email address of the	person to whom app	ications should be add	ressed	
	N/A					
	The form in which applications should be s	submitted and information	n and materials they s	hould include		
	N/A					
С	Any submission deadlines N/A					
	Any restrictions or limitations on awards, s	such as by geographical a	areas, charitable fields	, kinds of institutions of	or other	
_	factors			,	: = -	
	N/A					
DAA						Form 990-PF (2019)

91-1836116

Form 990-PF (2019) POPULATION BIOLOGY FOUNDATION

Page **11**

Part XVIII Supplementary Information (co	he Year or Approved for	Future Payment		
3 Grants and Contributions Paid During t	If recipient is an individual,		Γ	
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		<u> </u>
a Paid during the year LOU JOST	RESEARCHER			
KM 5 VIA LUNA RUNTUN BANOS, ECUADOR	RESEARCHER	ORCHID	RESEARCH	27,000
WILMER ROSENDO SIMBANA TANG KM 5 VIA LAS CAUCHERAS	UILA RESEARCHER			
COSANGA, ECUADOR		CAT	ERPILLAR	2,850
			1	
			1	
				20.050
Total b Approved for future payment			▶ 3a	29,850
N/A				
Total	·		▶ 3b	
				5 990-PF (2010

F== =	Information adding the	with of					, age 12
		Analysis of Income-Producing A	<u>\ctivities</u>				
En	ter gross am	ounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt
	•		Business code	Amount	Exclusion code	Amount	function income
1	Program se	rvice revenue					(See instructions)
	a						
	b						
	d						
	е				1		
	f						
			-		+		
_		nd contracts from government agencies					
		dues and assessments			 		ļ
3		savings and temporary cash investments			 		
4		ind interest from securities	upospie i minintrenej i heri	יים משוניי בי ווייליים ואו או או וויים משונים וויים או	tionusi, ari mai		
5	Net rental in	ncome or (loss) from real estate	fier action with				
	a Debt-fir	nanced property					
	b Not deb	ot-financed property					
6	Net rental in	ncome or (loss) from personal property					
7	Other inves	tment income					
R	Gain or (los	s) from sales of assets other than inventory					
	-	or (loss) from special events					
		or (loss) from sales of inventory					
		• •			 		
11		nue a	_				
					<u> </u>		
	d				Ļ		
	е		_				
12	Subtotal Ad	dd columns (b), (d), and (e)		0		0	
13	Total. Add	ine 12, columns (b), (d), and (e)				13	0
(Se	e worksheet	in line 13 instructions to verify calculations)					
	art XVI-B	Relationship of Activities to the	Accomplishme	ent of Exempt Pu	rposes	5	
	Line No.	Explain below how each activity for which incom					
	lacktriangle	accomplishment of the foundation's exempt pur	·			•	s)
	N/A		,	· · · · · · · · · · · · · · · · · · ·			
		***				**-	
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orm 990-	-PF (201	9) POPUI	LATIO	N BIOL	OGY FOUN	NDATION	91-1	<u>836116 </u>		F	Page 13
Part X		Informatio Organizati		rding Tra	ınsfers To aı	nd Transactio	ns and Relation	nships Witl	n Noncharitable		
ır î se	the orga	nization direct	ly or indire			lowing with any oth in section 527, rela	er organization desc ting to political	cribed		Yes	s No
	nsfers fro Cash	m the reportir	ng founda	tion to a non	charitable exem	pt organization of			1	a(1)	X
(2)	Other as	sets							[1	a(2)	X
b Oth	er transa	ctions								ny vaget.	
		assets to a no		•	=					b(1)	X
٠,					xempt organizati	on			F	b(2) b(3)	X
		f facilities, equ sement arran	-	on other asse	:15					b(4)	X
		loan guarant	-						Г	b(5)	X
		-		mbership or f	fundraising solici	itations			[b(6)	X
	_			-	er assets, or par				į	1c	X
		•		•	-		i (b) should always s e foundation receive				
valu	ie in any	transaction or	sharing a	arrangement	, show in column	(d) the value of th	e goods, other asse	ts, or services	received		
(a) Line	e no	(b) Amount in	nvolved	(c) Nam	e of nonchantable exe	empt organization	(d) Descrip	otion of transfers, tr	ansactions, and sharing arrar	gements	
N/A											
									<u> </u>	_	
_											
									_		
<u>-</u>					-						
								•			
		-		_	ith, or related to, 01(c)(3)) or in se		cempt organizations			Yes [X No
b If "Y		plete the follo		edule	(h) Type (of organization	1	(c) Descor	otion of relationship		
N/A		n Hame of Organiz	.auon		(5) 1700	or organization			asir or relationarily		
	11.4	-11			4 4		ulas and statements and	to the best of my	knowledge and heliof it is to		
							nich preparer has any kno		May the IRS discuss with the preparel Store See instructions	this return	☐ No
			Um	all.	11sh		11/13/2020	PRES	IDENT		
	Signa	ture of officer or tn	ustee			Date		Title			
Paid	Pnnt/Typ	e preparer's name	•			Preparer's signatur	mbetti, ce	34	Date		ck if employed
Preparer		h H. Mos			N = = = - : -	Joseph H.	Moschetti,	CPA	11/12/	20	
Jse Only	Firm's na				Associa	tes CPAs l, Suzte 3		:	PTIN		
•	Firm's ac				ion, CO	81505	,,,,		Phone no 970-	244-	2975
									CHOIGHO 2.0		

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

Schedule of Contributors

OMB No 1545-0047

2019

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

POPULATION 1	BIOLOGY FOUNDATION	91-1836116
Organization type (check	k 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 f	foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	idation
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib y or property) from any one contributor. Complete Parts I and II. See instruc contributions	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line ns of the greater of (1)
contributor, during literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that g the year, total contributions of more than \$1,000 exclusively for religious, connal purposes, or for the prevention of cruelty to children or animals. Comp b) instead of the contributor name and address), II, and III	charitable, scientific,
contributor, during contributions total during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that g the year, contributions exclusively for religious, charitable, etc., purposes, led more than \$1,000. If this box is checked, enter here the total contribution r an exclusively religious, charitable, etc., purpose. Don't complete any of the plies to this organization because it received nonexclusively religious, charitable, etc., purpose.	but no such ins that were received he parts unless the
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doesn't file must answer "No" on Part IV, line 2, of its Form 990, or check the box on line, to certify that it doesn't meet the filing requirements of Schedule B (Form to the file).	line H of its Form 990-EZ or on its

Page 1 of 1

age 2

Name of organization

POPULATION BIOLOGY FOUNDATION

Employer identification number 91–1836116

[Rarţ̂]	Contributors (see instructions) Use duplicate copies of F	Part I if additional space is nee	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN V. MOORE 1122 WILLOW STREET, SUITE 200 SAN JOSE CA 95125	s 28,350	Person X Pavroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, address, and Zir 14	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tamby Manicoo, and En . T	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	realite, address, and En	\$	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
NU.	ivanie, audiess, and En ^e + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

911836116 POPULATION BIOLOGY FOUNDATION 91-1836116 FYE: 12/31/2019

Total Investment Net \$ 275 \$ \$ 275 \$ \$ \$ 0	Description Total Investment Net AGENT FEE \$ 275 \$	FYE: 12/31/2019	Statement 1	- Form 990-PF	nt 1 - Form 990-PF, Part I, Line 16a - Legal Fees	6a - Legal F	-ees Adiusted	Charitable
w w	State	Description		Total	Investme	ent	Net	Purpose
· s	State	EGISTERED AGENT FEE	ا پ	275	\$		\$	\$
	Statement 2 - Form 990-PF, Part I, Line 18 - Taxes	Total	ν ,	275	\$	0	0	\$
			Statemen	t 2 - Form 990	-PF, Part I, Lin	e 18 - Taxe	S	

Charitable Purpose	\$	\$	
Adjusted Net		0	
Ă	\$	w.	
ent		0	
Net Investment	\$	v.	
[a]	50	50	
Total	s	w	
Description	OREGON DEPT. OF JUSTICE TAXES	Total	

	Statement 3 - For	m 990-PF, F	- Form 990-PF, Part I, Line 23 - Other Expenses	- Other E	xpenses			
Description	F	Total	Net Investment	nent	Adjusted Net		Charitable Purpose	
	ر ا ا		· γ		S	1	တ	
Expenses								
BANK SERVICE CHARGES		184						
POSTAGE		17						
Total	 	201	တ	0	\$	°	\$	

911836116 POPULATION BIOLOGY FOUNDATION
91-1836116 Federal Statements

FYE: 12/31/2019

Statement 4 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beg of	jinning Year	End of Year		
DUE TO THOMAS WALLA	\$	20	\$	20	
Total	\$	20	\$	20	