Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

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

OMB No 1545-0052

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

			- 40 to 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/					
			dar year 2017 or tax year beginning	,	2017, and			, 20
	Nar	me of fo	undation			A Employe	er identification numbe	er
	<u>-</u>		DUNDATION FOR MOLECULAR MEDICINE		_		20-5133917	
	Nur	mber an	d street (or P O box number if mail is not delivered to street address)	F	oom/suite	B Telephor	ne number (see instructi	ons)
	99	S. RAY	MOND AVENUE		507		(858) 348-4392	2
	City	y or tow	n, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ing, check here ▶ 🔲
	PA	SADEN	IA, CA 91105		_			_ ;
	G	Check	all that apply: Initial return Initial return	of a former pu	blic charity	D 1. Foreig	n organizations, check	here ▶ 🗍
3			☐ Final return ☐ Amended i	return		2 Foreig	n organizations meeting	 the 85% test
/			☐ Address change ☐ Name char	nge	. 1		here and attach compu	
4	Н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundati	on <b>(f)</b> 4		foundation status was: 07(b)(1)(A), check here	_
1		Section	n 4947(a)(1) nonexempt charitable trust   Other tax	able private fo	undation	Section 5	or (b)(1)(A), Check here	▶⊔
	ı	Fair m	narket value of all assets at   J Accounting method	: 🗌 Cash 🛭	Accrual	F If the fou	ndation is in a 60-monti	h termination
			f year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), check	chere ►
			5) ► \$ 3,170,230 (Part I, column (d) must be	on cash basis)				
	Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue an	d (1) 1		(a) A do	atremesrudaid (b)
			amounts in columns (b), (c), and (d) may not necessarily equal	èxpenses per books	(0) 146	t investment ncome	(c) Adjusted net income	for charitable purposes
			the amounts in column (a) (see instructions) )	books				(cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)	68,5	76.			
		2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B					
		3	Interest on savings and temporary cash investments					
		4	Dividends and interest from securities	2,5	27.	2,527.	2,527.	B501
		5a	Gross rents	56,4	02.	56,402.	56,402.	
		b	Net rental income or (loss)					IX I IS
	ē	6a	Net gain or (loss) from sale of assets not on line 10					15/1<
	Revenue	b	Gross sales price for all assets on line 6a					2
	Š	7	Capital gain net income (from Part IV, line 2)			189,539.		0
	ď	8	Net short-term capital gain				0.	
		9	Income modifications					7 8 8
		10a	Gross sales less returns and allowances					
		b	Less: Cost of goods sold					183-03C
		С	Gross profit or (loss) (attach schedule)					
		11	Other income (attach schedule)					
		12	Total. Add lines 1 through 11	317,0	43.	248,467.	58,928.	
	S	13	Compensation of officers, directors, trustees, etc.	165,6	00.	0.	0.	145,080.
	enses	14	Other employee salaries and wages					
	e	15	Pension plans, employee benefits	27,7	96.	0.	0.	24,351.
	Exp	16a	Legal fees (attach schedule)					
	ш	b	Accounting fees (attach schedule) STMT 1	9,0	00.	0.	0.	0.
Ž.	Ě	С	Other professional fees (attach schedule) .STMT. 2	27,2	54.	27,254.	27,254.	0.
3	ra	17	Interest					
	is	18	Taxes (attach schedule) (see instructions) STMT 3.		90.	0.	0.	0.
•	声	19	Depreciation (attach schedule) and depletion					
Q,	형	20	Occupancy					
	7	21	Travel, conferences, and meetings	7,4	29.	0.	0.	7,103.
	and Administrative	22	Printing and publications					
	ğ	23	Other expenses (attach schedule)	23,9	67.	0.	0.	9,427.
Ž	Ĕ	24	Total operating and administrative expenses.					]
Z	era		Add lines 13 through 23	261,1	36.	27,254.	27,254.	185,961.
SCANNEL	Operating	25	Contributions, gifts, grants paid					
Ū,		26	Total expenses and disbursements. Add lines 24 and 25	261,1	63.	27,254.	27,254.	185,961.
		27	Subtract line 26 from line 12:					
	ŀ	а	Excess of revenue over expenses and disbursements	55,9	07.			
		b	Net investment income (if negative, enter -0-)			221,213		
		c	Adjusted net income (if negative, enter -0-)				31,674.	

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End of year

Pa	art II	Balance Sheets should be for end-of-year amounts only (See instructions)	Dog			J year
_			(a) Book Value	(b) Book Va		(c) Fair Market Value
	1	Cash—non-interest-bearing	5,303.		<u>4,309.</u>	
	2	Savings and temporary cash investments	552,854.	47	8,976.	478,976.
	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	Uther notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
şţ	8	Inventories for sale or use	<u> </u>			
Assets	9	Prepaid expenses and deferred charges [				
Ä	10a	Investments – U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) .STMT.5	1,499,178.	1,71	5,422.	1,984,309.
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶	,	40.3		
		Less: accumulated depreciation (attach schedule) ▶	•			
	12	Investments—other (attach schedule)  STMT 6				
	13	Investments—other (attach schedule) .SIMI 6	773,731.	67:	2,578.	692,636.
	14	Land, buildings, and equipment basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item l)	2,831,066.	2.88	1,285.	3,170,230.
	17	Accounts payable and accrued expenses	12,344.		6,646.	
G	18	Grants payable			•	
Ë	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		-		
<u>ia</u>	21	Mortgages and other notes payable (attach schedule)				
	22		• • •			
	23	Other liabilities (describe ► ) <b>Total liabilities</b> (add lines 17 through 22)	12,344.		5,646.	
		Foundations that follow SFAS 117, check here ▶ ✓			•	
Balances		and complete lines 24 through 26, and lines 30 and 31.				
Ĕ	24	Unrestricted	2,818,732.	2,874	4,640.	
<del>ö</del>	25	Temporarily restricted		<u> </u>		
	26	Permanently restricted		-	-	
Ĕ		Foundations that do not follow SFAS 117, check here ▶ □				
Œ,		and complete lines 27 through 31.				
Net Assets or Fund	27	Capital stock, trust principal, or current funds				
its	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
ĕ	30	Total net assets or fund balances (see instructions)	2,818,732.	2.874	1,640.	
et	31	Total liabilities and net assets/fund balances (see			.,	
2		instructions)	2,831,066.	2.886	6.973.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	2,001,000.			
		I net assets or fund balances at beginning of year-Part II, colun	nn (a), line 30 (must	agree with		
		of-year figure reported on prior year's return)			1	2,818,732.
2		r amount from Part I, line 27a			2	55,907.
3		r increases not included in line 2 (itemize) ▶			3	0.
4	Add	lines 1, 2, and 3			4	2,874,640.
_	Daar	reason making budged to the confliction (C. A. C. C. A. C.			5	2,574,040.
6	Total	eases not included in line 2 (itemize) > I net assets or fund balances at end of year (line 4 minus line 5) - P	art II, column (b), line	30	6	2,874,640.
			, \ \-\;\.			

Part	V Capital Gains and	d Losses for Tax on Investn	nent Income			
	• •	ind(s) of property sold (for example, real e use, or common stock, 200 shs MLC Co	•	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	PUBLICLY TRADED SECU	IRITIES		Р		
b						
c		<u></u>				
<u>d</u>	<u> </u>					
<u>        e                            </u>				<u> </u>		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g))
a	1,760,853			1,571,314.		189,539.
<u>b</u>						
<u>c</u>						
<u>d</u>				<del></del>		<del></del>
e	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69		
	Somplete only for assets site	(i) Adjusted basis	<del> </del>	s of col (i)		I (h) gain minus t less than -0-) <b>or</b>
	(i) FMV as of 12/31/69	as of 12/31/69		(j), if any	Losses (f	from col (h))
а		• •		Gara consecting a come or co	14 to 44 miles 11 11 4 miles	,
b				-		
С						
d						
<u>e</u>						
2	Capital gain net income of	or (net capital loss) { If gain, If (loss)	also enter in Pa , enter -0- in Par	rt I, line 7 } t I, line 7 }	2	189,539.
3	If gain, also enter in Part	In or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss),	, enter -0- in (	3	-363.
Part		der Section 4940(e) for Redu				-303.
	<del>-</del>	ivate foundations subject to the				
Was t		ve this part blank. e section 4942 tax on the distribu qualify under section 4940(e). Do			pase period?	☐ Yes ☐ No
1		ount in each column for each year			akıng anv entries	
	(a)		ar, see the mistre	(c)	aking any entries.	(d)
Cale	Base period years indar year (or tax year beginning in	Adjusted qualifying distribution	s Net value of	noncharitable-use a		tribution ratio divided by col (c))
	2016					<del></del>
	2015					<del></del>
	2014 2013				<del></del>	<del></del>
	2012			1		
2 3	Total of line 1, column (d) Average distribution ratio the number of years the fo	o for the 5-year base period—divoundation has been in existence	vide the total on a if less than 5 ye	line 2 by 5.0, o ears	r by 3	
<b>4</b> 5						
6		ent income (1% of Part I, line 27b				
7						
8		ons from Part XII, line 4 ater than line 7, check the box in				1% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—se	e inst	ructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. )			Ţ	]
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			_	J
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ and enter 1% of Part I, line 27b		4424	-	7
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			_	}
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		C		
3	Add lines 1 and 2		4424	+	-
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			+	-
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		4424		-
6	Credits/Payments:				Ī
а	2017 estimated tax payments and 2016 overpayment credited to 2017   6a   0.				]
b	Exempt foreign organizations—tax withheld at source 6b			1	]
С	Tax paid with application for extension of time to file (Form 8868) . 6c 4,600.				1
d	Backup withholding erroneously withheld 6d			_	
7	Total credits and payments. Add lines 6a through 6d		4,600		
8	Enter any <b>penalty</b> 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 ▶ 9				_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		176	-	_
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 176. Refunded ▶ 11		0		-
1a	VII-A Statements Regarding Activities  During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	I NI -	-
ıa	participate or intervene in any political campaign?	<u> </u>		No	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	<u>  18</u>	-	+-	-
	Instructions for the definition	์   <sub>16</sub>		1	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material published or distributed by the foundation in connection with the activities.				Ī
С	Did the foundation file Form 1120-POL for this year?	10	;		ı
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$  0. (2) On foundation managers. ▶ \$  0				ĺ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.	-			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		1	ı ī
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	f	_		
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	$\overline{}$	<b>/</b>	-
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	-	/	-
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	_		+	-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1	İ
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 area of the governing materials and the governing instrument.	.			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			-	j
7	· · ·	6		+	
7 8a	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 Enter the states to which the foundation reports or with which it is registered. See instructions.	7	<b></b>	+	i
- Cu	CA			.	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	i <u>8</u> 6	1		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) o		<del>'   *</del>	1	İ
J	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		1		ר ' ר
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<del>                                     </del>		. `

Part	VII-A Statements Regarding Activities (continued)				
44		$\sqsubset$	Y	es	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	· 1	1		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqual person had advisory privileges? If "Yes," attach statement. See instructions		,		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicat		_	<del>/</del>	
13	Maharita address N. syspefinin ara				
14	The books are in care of ▶ Constantine Evans  Telephone no. ▶	858-34	18-48	 02	
	Located at ▶ 99 S Raymond Ave, Suite 507, Pasadena, CA ZIP+4 ▶	9110		·	
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				N/A
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other auth		Y	es	No
	over a bank, securities, or other financial account in a foreign country?		6		✓_
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the native foreign according to the foreign accor	me of			
	the foreign country ▶				
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		10		Na-
4 -	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-		es	No
1a	During the year, did the foundation (either directly or indirectly): \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}{2	ZI No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	- NO			
		√ No	-		l
		✓ No			
		No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		- 1		l
	the benefit or use of a disqualified person)?	<b>√</b> 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	<b>_</b>			
		✓ No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regular section 53 4941(d)–3 or in a current notice regarding disaster assistance? See instructions		_ _		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	▶□ <u>  1</u>	<u> </u>	+	<u> </u>
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	— i			
С	were not corrected before the first day of the tax year beginning in 2017?		<u>-</u>  -	_	<del>_</del>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a pri	<u> </u>			Ì
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	√ No			
	If "Yes," list the years ► 20 , 20 , 20 , 20	<b>-</b> "			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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)(			ļ	
	all years listed, answer "No" and attach statement—see instructions.)		<b>b</b>		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	f•			Ì
	▶ 20 <sub></sub> , 20 <sub></sub> , 20 <sub></sub>				ļ
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				1
	at any time during the year?	_			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation discussion of the Figure 1919 of the Figu	on or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse	se of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if	f the			
	foundation had excess business holdings in 2017.)	J/A 3	b -		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos		-		<b>√</b>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardiz	ze its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2		b		<b>√</b>

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Part	VII-B	Statements Regarding Activities	for V	Vhich Form	4720	May Be F	Require	ed (conti	nued)			ugo e
5a		he year, did the foundation pay or incur	any am	nount to:							Yes	No
	(2) Influ	y on propaganda, or otherwise attempt tence the outcome of any specific public	elect	ion (see sect	ion 495	55); or to c	arry on		✓ No			
		etly or indirectly, any voter registration dr						Yes	☑ No			
		ide a grant to an individual for travel, stu ide a grant to an organızatıon other thar						Yes	<b></b> ✓ No			
		on 4945(d)(4)(A)? See instructions					ribea ii	' □ Yes	✓ No			
	<b>(5)</b> Prov	ide for any purpose other than religious oses, or for the prevention of cruelty to c	, charit	able, scientıf	ic, liter	ary, or edu			✓ No			
b		nswer is "Yes" to 5a(1)–(5), did any of the										
	Regulation	ons section 53.4945 or in a current notice	regard	ing disaster a	ssistand	ce? See ins	truction	s	NIA	5b		
С		ations relying on a current notice regardii swer is "Yes" to question 5a(4), does t										
Ū	because	it maintained expenditure responsibility	for the	grant? .		· N	IJA .	Yes	☐ No			
60		attach the statement required by Regula										
6a		foundation, during the year, receive any sonal benefit contract?	iunas,	directly or in	airectly	, to pay pro	emiums	; □Yes	√ No			
b	•	oundation, during the year, pay premium	 ns dire	ctly or indire	ctlv on	a persona	 Lbenefi		_	6b		
	If "Yes"	to 6b, file Form 8870.	•	•	•	<b>-</b> '	•			0.0		
		ne during the tax year, was the foundation a did the foundation receive any proceeds						☐ Yes		7b		
	VIII	Information About Officers, Direct									ees.	_
		and Contractors	,				,		u.u	p.cy	,	
1	List all o	officers, directors, trustees, and found	ation i	managers ar	nd their	compens	ation. S	See instru	ictions.	•		-
		(a) Name and address	hou	e, and average irs per week led to position	(If i	mpensation not paid, iter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expe	nse acc allowan	
SEE S	CHEDULE	(STATEMENT 7)										
						<u> </u>	<u> </u>					
				<u> </u>								
	_											
2	Comper "NONE."	sation of five highest-paid employee	es (oth	er than thos	se incl	uded on li	ne 1—	see instr	uctions	). If no	one, e	enter
(	(a) Name an	d address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek	(c) Compe	nsation	(d) Contribution of the complex of the compens of t	benefit Jeferred	(e) Exper		
NONE												
		·										
		•	-		_							
		······										
	<del></del>											
Total :	number o	f other employees paid over \$50,000 .		<u> </u>					. ▶	_	0	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	pioyees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	35
(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	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc . ا بن تبط . بست ، خت ، ب	
1 RESEARCH: THE EVANS FOUNDATION PERFORMS RESEARCH INTO SEVERAL BIOTECHNICAL AND	
BIOMEDICAL AREAS, WITH A FOCUS ON THE SELF-ASSEMBLY OF BIOLOGICAL AND BIOINSPIRED	128,280.
MOLECULES.	
2 SCIENTIFIC COMMUNITY OUTREACH: THE EVANS FONUDATION UNDERTAKES OUTREACH TO THE	
SCIENTIFIC COMMUNITY TO ENCOURAGE INTEREST IN RESEARCHING MULTIPLE SYSTEMS ATROPHY	30,665.
AND OTHER OFTEN-NEGLECTE NEUROLOGICAL DISEASES.	
3 PUBLIC OUTREACH AND EDUCATION: THE EVANS FOUNDATION PROVIDES EDUCATION ON MULTPLE SYSTEMS ATROPHY AND SIMILAR RARE NEURODEGENERATIVE DISEASES.	27,017.
WOLTFLE STSTEWS ATROPHT AND SIMILAR RARE NEURODEGENERATIVE DISEASES.	27,017.
4	
•••••••••••••••••••••••••••••••••••••••	
Part IX-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	
	/
2	/
	, /
All other program-related investments. See instructions	<del></del>
	,
3	
<u></u> /	
「otal. Add lines 1 through 3	0.
	orm <b>990-PF</b> (2017)

Part		gn fou	ndations,
	see instructions.)		
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	1,786,934.
b	Average of monthly cash balances	1b	419,446.
C	Fair market value of all other assets (see instructions)	1c_	941,232.
d	<b>Total</b> (add lines 1a, b, and c)	1d	3,147,613.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,147,613.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	47,214.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,100,399.
6	Minimum investment return. Enter 5% of line 5	6	155,020.
Part :	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.)	oundat	ions
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5		
, p	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
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	5	<del></del>
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	<del>-  </del>	
-	line 1	7	
Dort		<del></del>	<del> </del>
Part	XII Qualifying Distributions (see instructions)	T	
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	185,961.
b	Program-related investments—total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0.
_	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	185,961.
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	405.004
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	185,961.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheti	ner the foundation

Part 1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	(d) 2017
	line 7	<u></u>			
2	Undistributed income, if any, as of the end of 2017:				_
а	Enter amount for 2016 only	<u> </u>			
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2017:				
а	From 2012	l			
b	From 2013				
С	From 2014				
d	From 2015				
е	From 2016	<del></del>	_		
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				
	line 4: ▶ \$	1	ļ. <b>-</b>		_
a	Applied to 2016, but not more than line 2a.				
D	Applied to undistributed income of prior years (Election required—see instructions)				
_	·		19 - 2 181 mar & 184	1	
С	Treated as distributions out of corpus (Election required—see instructions)				
	Applied to 2017 distributable amount		<u> </u>		
e	Remaining amount distributed out of corpus Excess distributions carryover applied to 2017				
5	(If an amount appears in column (d), the same				
	amount must be shown in column (a), the same		İ		
6	Enter the net total of each column as				
J	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		-		
b	Prior years' undistributed income. Subtract				
_	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				· ·
е	Undistributed income for 2016. Subtract line			<u> </u>	,
	4a from line 2a. Taxable amount-see				i
	instructions				
f	Undistributed income for 2017. Subtract lines				·
	4d and 5 from line 1. This amount must be			•	'
	distributed in 2018	l L			,*
7	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)				
8	Excess distributions carryover from 2012 not				
_	applied on line 5 or line 7 (see instructions) .	<del></del> -			
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
a	Excess from 2013				
þ	Excess from 2014				
C	Excess from 2015				
d	Excess from 2016				
e	Excess from 2017		1		1

10111100	70 (2011)					Page 10
Part						
<b>∖</b> 1a	If the foundation has received a ruling			vate operating		
	foundation, and the ruling is effective for			▶ [_		
þ.	Check box to indicate whether the found		perating foundation		on 🔽 4942(J)(3)	or 4942(j)(5
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for L	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	/
	each year listed	31,674.	16,320	36,922.	31,288.	116,204.
b	85% of line 2a	26,923.	13,872.	31,384.	26,595.	98,773.
С	Qualifying distributions from Part XII, line 4 for each year listed	105.051	400 570	444.000		
d	Amounts included in line 2c not used directly	185,961.	196,578.	144,630.	78,714.	605,883.
u	for active conduct of exempt activities	0.	0.			•
е	Qualifying distributions made directly			0.	0.	0.
·	for active conduct of exempt activities					
	Subtract line 2d from line 2c	185,961.	196,578.	144,630.	78,714.	605,883.
3	Complete 3a, b, or c for the	100,001	- 100,0,0.	144,000.	70,714.	003,003.
	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)					
þ	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed	103,347.	99,487	101,589.	37,199.	341,622.
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					
	(4) Gross investment income					
Part		(Complete this	part only if the	foundation had	\$5,000 or mor	e in assets at
	any time during the year—s	•	•		40,000 01 11101	o accotto at
1	Information Regarding Foundation M					
а	List any managers of the foundation will		d more than 2% of	f the total contribu	itions received by	the foundation
	before the close of any tax year (but on	ly if they have conti	ributed more than	\$5,000). (See sect	ion 507(d)(2).)	
NONE						
b	List any managers of the foundation w					e portion of the
	ownership of a partnership or other ent	ity) of which the fou	ındatıon has a 10%	% or greater intere	st.	
NONE						
2	Information Regarding Contribution,			-		
	Check here ► ✓ If the foundation of	•	•			•
	unsolicited requests for funds. If the for complete items 2a, b, c, and d. See ins		s, grants, etc., to i	individuals or orga	nizations under d	tner conditions,
			f th t-			
а	The name, address, and telephone num	nber or email addre	ss of the person to	wnom application	ns snould be add	ressea:
b	The form in which applications should be	ne submitted and in	formation and mat	terials they should	include:	
D	The form in which applications should t	Je subiliitteu aliu ir	normation and ma	teriais triey should	molude.	
c	Any submission deadlines:			<del></del>		
•	Jasoninosion doddinios.					
d	Any restrictions or limitations on awa	rds, such as by c	eographical areas	s, charitable fields	s, kınds of institi	utions, or other
_	factors:	, , e				, = : : -

	Supplementary Information (con-	tinued)			
3_	<b>Grants and Contributions Paid During</b>	the Year or Approv	ed for Fut	ure Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
а	Paid during the year				
NONE					
	Total			▶ 3	a 0.
b		· · · · · · · · · · · · · · · · · · ·	<del></del>		a 0.
NONE				3	b 0.
	10tai				<u>U.                                      </u>

Pa	rt XVI-A Analysis of Income-Producing Ac	ctivities				· <u> </u>
Ente	r gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)
1	Program service revenue:		<u> </u>			
	a					
	b					
	c					
	d					
	e					
	<u> </u>					
_	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	2,527.	
4	Dividends and interest from securities			14	56,402.	
5	Net rental income or (loss) from real estate:					
	a Debt-financed property				· · · <del></del>	
_	<b>b</b> Not debt-financed property	ļ				
6	Net rental income or (loss) from personal property	- '	<u></u>		· -	
7	Other investment income			<del>                                     </del>		
8	Gain or (loss) from sales of assets other than inventory		<del>.</del>	14	189,539.	
9	Net income or (loss) from special events	-				
10	Gross profit or (loss) from sales of inventory			1.		
11	Other revenue: a	-		ļ		
	b		<del></del>	-		
	d				<del></del>	
	e	-				
	E	1		1		i
12	Subtotal Add columns (b) (d) and (a)				240 467	
	Subtotal. Add columns (b), (d), and (e)				248,467.	249.467
13	Total. Add line 12, columns (b), (d), and (e)				248,467. 13	248,467.
13 (See	<b>Total.</b> Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation				<del> </del>	248,467.
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
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13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
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13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
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13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes	13	

		Organizati	ons										
1	ın s		directly or indirectly enther than section									Yes	No
а	Trar	sfers from the rea	porting foundation to	a nonchari	table exemp	t organization	of:				-		
						-					1a(1)	_	<b>-</b>
		Other assets .						•	•	•	1a(2)		7
b		er transactions:				• • • •			• •		14(2)		_
D			. a mamaharitahla awa								45.44		<b>-</b> ,-
			a noncharitable exer							• •	1b(1)	_	<b>✓</b>
			ets from a noncharita								1b(2)		<b>✓</b>
			, equipment, or other								1b(3)		✓
			rrangements								1b(4)		<b>\</b>
			rantees								1b(5)		✓
	(6) F	Performance of se	ervices or membershi	ıp or fundra	ising solicita	tions					1b(6)		✓
С	Sha	ring of facilities, e	quipment, mailing lis	ts, other as	sets, or paid	employees					1c		<b>\</b>
d	valu	e of the goods, o	of the above is "Yes ther assets, or service on or sharing arrange	es given by	y the reporti	ng foundation.	If the found	dation	rece	ved les	s than	fair m	arket
(a) Lin		(b) Amount involved	(c) Name of nonch	<del></del>		<del></del>	ption of transfe						
••••			,N,			(0, 2000)	parent or trainer			,	ianing and	go	
	-	· · · · · · · · · · · · · · · · · · ·		7-1									
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		***,											
2a b	desc	ribed in section 5	ectly or indirectly affil 501(c) (other than sec of following schedule.	liated with, tion 501(c)(	or related t (3)) or in sect	o, one or mor	e tax-exem	pt or	ganiza 	tions	☐ Yes	<b>V</b>	No
		(a) Name of organ	<del></del>	(b)	Type of organization	ation		(c) Des	scription	of relati	onship		
		NIA		/					1				
		<del></del>											
			··+		<del></del>		_					_	
	Und	er penalties of penury 1	declare that I have examined	this return uncl	luding accompan	ving schedules and	statemente and	i to the	hest of	my knowl	adae and t	nalief #	is to io
Sign	com	ect, and complete Decla	aration of preparer (other than	n taxpayer) is ba	ised on all inform	ation of which preparation	ararennents, and arer has any kno	wledge	DESI 01 1				
_					N.		• "	J-			IRS discu		
Here		Ton Sen lu	-/~-		Nov 18	Treasurer				See instr	preparer s uctions [	nownb ∏Yesſ	eiow? □ <b>No</b>
	Sigi	nature of officer or trus		Dat	te	Title	_		L				
Paid		Print/Type preparer	's name	Preparer's sig	gnature		Date		Check	: [   if	PTIN		
rep	arer			<u></u>						nployed			
Jse (													
		Firm's address ▶						Phone				-	

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

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

**Employer identification number** 

**EVANS FOUNDATION FOR MOLECULAR MEDICINE** 20-5133917 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** 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 331/3% 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).

Name of organization Employer identification number EVANS FOUNDATION FOR MOLECULAR MEDICINE 20-5133917

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		
	GLEN EVANS TRUST  1652 VIA CANCION  SAN MARCOS, CA 92078	\$ 68,559.	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		
(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		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Name of organization Employer identification number EVANS FOUNDATION FOR MOLECULAR MEDICINE 20-5133917

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

Name of organization **Employer identification number EVANS FOUNDATION FOR MOLECULAR MEDICINE** 20-5133917 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (c) Use of gift (b) Purpose of gift from (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Statement 1: Form 990-PF, 2017, Part I,	Line 16b – Accounting t			
Description	(a) Book Rev. and Exp.	(b) Net Inv. Income	(c) Adj. Net Income	(d) Disb for Char. Purp.
2017 Taxes & Audit (Squar Milner)	9,000	0	0	0
Total	9,000	0	0	0
Statement 2: Form 990-PF, 2017, Part I,	Line 16c - Other Profes	sional Fees		
Description	(a) Book Rev. and Exp.	(b) Net Inv. Income	(c) Adj. Net Income	(d) Disb for Char. Purp.
Account Management Fees (Merrill	27,254	27,254	27,254	0
Lynch) <b>Total</b>	27,254	27,254	27,254	0
Statement 3: Form 990-PF, 2017, Part I,	Line 18 - Taxes			
Description	(a) Book Rev. and Exp.	(b) Net Inv. Income	(c) Adj. Net Income	(d) Disb for Char. Purp.
CA State Tax Filings	90	0	0	0
Total	90	0	0	0
Statement 4: Form 990-PF, 2017, Part I,	Line 23 - Other expens	ses		
Description	(a) Book Rev. and Exp.	(b) Net Inv. Income	(c) Adj. Net Income	(d) Disb for Char. Purp.
Books / references	171	0	0	171
Consumables	71	0	0	71
Computing	3,551	0	0	3,450
Telecommunications	787	0	0	689
Storage	5,046	0	0	5,046
Postage	15	0	0	0
IRS and CA FTB Late Fees	14,326	0	0	0
Total	23,967	0	0	9,427

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# Evans Foundation for Molecular Medicine EIN 20-5133917

Federal Statements 990-PF, 2017

	Description	Book	FMV
	Publicly Traded Securities	1,715,422	1,984,309
		Book	FMV
Total		1,715,422	1,984,309

Statement 6: Form 990-PF, 2015, Part	II, Line 13 - Investments - other
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	Descripti	on Val Method	Book	FMV
	Mutual Funds	FMV	672,578	692,636
			Book	FMV
Total			672,578	692,636

Statement 7: Form 990-PF, 2017, Part VIII, Line 1 - All officers, directors, trusteees, foundation managers

(a) Name and Address	(b) Title and av hours per week	(c) Compensation	(d) Emp ben plans+def comp	(e) Exp accounts and other allowances
Joyce Evans 99 S Raymond Ave #507 Pasadena, CA 91105	President 30	57,600	6,607	0
Constantine Evans 99 S Raymond Ave #507 Pasadena, CA 91105	Scientific Director / Treasurer 55	108,000	6,607	0
Randy Chong 99 S Raymond Ave #507 Pasadena, CA 91105	Director 0	0	0	0
Komitse Segbefia 99 S Raymond Ave #507 Pasadena, CA 91105	Director 0	0	0	0
Nicole de Silva 99 S Raymond Ave #507 Pasadena, CA 91105	Director 0	0	0	0