

Information copy. Do not send to IRS.

OMB No. 1545-2085

Form **990-N**
Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard) for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

2013

**Open to Public
Inspection**

A For the 2013 calendar year, or tax year beginning 1/1/2013, and ending 12/31/2013.

B Check if applicable
 Terminated, Out of Business
 Gross receipts are normally
\$50,000 or less

C Name of organization: PHOENIX BIOINFORMATICS
CORPORATION
d/b/a:

D Employer
Identification
Number
46-3600900

% Muller
261 Hamilton Avenue Suite 320
Palo Alto, CA, US, 94301

E Website:
www.phoenixbioinformatics.org

F Name of Principal Officer: Robert Muller

36 Whitney Street
San Francisco, CA, US, 94131

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



State of California
Franchise Tax Board

199N e-Postcard - Confirmation

Print this page for your records. The Confirmation Number below is proof that you successfully filed your e-Postcard.

We received your FTB 199N California e-Postcard on March 18, 2014 10:36 AM.

Confirmation Number: 360195707700
Entity ID: 3601957
Entity Name: PHOENIX BIOINFORMATICS CORPORATION
Account Period Beginning: SEPTEMBER 03, 2013
Account Period Ending: DECEMBER 31, 2013
This is your entity's first year in business.
Your entity has not terminated or gone out of business.
Your entity has not changed the account period.
Gross Receipts: \$0
This is not an amended return.
An IRS Form 1023/1024 is pending.
Date IRS Form 1023/1024 Filed: DECEMBER 14, 2013
FEIN: 463600900
Doing Business As:
Website Address: WWW.PHOENIXBIOINFORMATICS.ORG

Entity's Mailing Address

3124 SOUTH COURT
EVA HUALA
PALO ALTO, CA 94306

Principal Officer's Information

Name: EVA HUALA
3124 SOUTH COURT
EVA HUALA
PALO ALTO, CA 94306

Contact Information

Name: ROBERT MULLER
Phone: 415.652.6025

Print

Close Window

After we process your 199N e-Postcard, you may receive a bill if the three year [gross receipt average](#) is greater than the amount allowed for filing a 199N e-Postcard.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



State Charity Registration Number _____ Name of Organization _____ Address (Number and Street) _____ City or Town, State and ZIP Code _____	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. _____ Federal Employer I.D. No. _____
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning ____/____/____ ending ____/____/____) list:

Gross annual revenue \$ _____ Total assets \$ _____

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		

Organization's area code and telephone number (_____) _____ - _____
 Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

 Signature of authorized officer Printed Name Title Date