Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u>	ror tile	2016 Calen	uar year, or tax year begin	illig	, 2010,	and ending	J	,	<u> </u>		
В	Check if a	pplicable:	С				D Employ	er identi [,]	fication number		
	Addre	ess change	LIFE LAB SCIENCE	PROCRAM			94-	27788	848		
		-	1156 HIGH STREET					one numb			
	Name	e change					E releptiv	JITE HUITID	lei		
	Initial	l return	SANTA CRUZ, CA 9	5064-1077			(83	1) 45	59-2001		
	Final r	return/terminated					,				
							ام		1 000 000		
	Amer	nded return					G Gross				
	Appli	ication pending	F Name and address of principa	l officer:			H(a) Is this a group return for subordinates? Yes				
			Same As C Above				I(b) Are all subordinates If 'No,' attach a list.	s included	1? Yes No		
_	Tay aya	ampt atatus) ◀ (insert no.)	4047(a)(1) or	527	If 'No,' attach a list	(see inst	tructions)		
<u> </u>		empt status	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	327					
J	Webs	site: ► WW	W.LIFELAB.ORG			ŀ	I(c) Group exemption n	umber ►	•		
K	Form of	f organization:	X Corporation Trust	Association Other ►	LY	ear of formatio	n: 1981 M :	State of le	egal domicile: CA		
Da	ırt I	Summar		<u> </u>			1301		<u> </u>		
1 6	1 D	riofly docori	bo the ergenization's missi	ion or most significant	ootivitioort TD	T 77D C	III MITTAMEC C	IIII DI	DENIC TOVE OF		
			be the organization's missi					HTTDI	REN'S LOVE OF		
a	L	LEARNING	HEALTHY FOOD A	ND NATURE THROU	JGH GARDEI	N-BASED	EDUCATION.				
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na	-										
ē	• -	la a alla Alada da da					- H OFO/ - f :1-				
<u></u>		heck this bo		n discontinued its opera				_			
9			oting members of the gover					3	9		
~8	4 N	umber of in	dependent voting members	s of the governing body	(Part VI, line	1b)		4	9		
<u>.ĕ</u>	5 To	otal number	of individuals employed ir	ı calendar year 2016 (P	Part V, line 2a)			5	52		
Activities & Governance			of volunteers (estimate if					6	70		
픙			ed business revenue from F					7a			
⋖									0.		
	b Ne	et unrelated	d business taxable income	from Form 990-1, line	34			7b	0.		
						_	Prior Year		Current Year		
	8 C	ontributions	and grants (Part VIII, line	1h)		1	853,1	30	803,806.		
<u>e</u>			vice revenue (Part VIII, line			7					
롰	9 Pi	rogram serv	rice revenue (Part VIII, IIIIe	. 2g)		359,1	<u>.69.</u>	391,514.			
Revenue			ncome (Part VIII, column (A								
ď	11 0	ther revenu	e (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, a	and 11e)		41,2	201.	28,490.		
			e - add lines 8 through 11						1,223,810.		
			imilar amounts paid (Part I				,,	,00.	1,223,010.		
			· ·	• •	•						
	14 B	enefits paid	I to or for members (Part I)	<, column (A), line 4)							
	15 Sa	alaries, othe	er compensation, employee	e benefits (Part IX, colu	ımn (A), lines	5-10)	677,4	800,033.			
es							011,	102.	000,033.		
Expenses	16a P	rotessionai	fundraising fees (Part IX, o	column (A), line i ie)							
<u>e</u>	h To	otal fundrais	sing expenses (Part IX, col	umn (D), line 25) ►	12	3,895.					
X											
			ses (Part IX, column (A), lir	•			= : : / \		337,365.		
	18 ⊤o	otal expens	es. Add lines 13-17 (must o	equal Part IX, column ((A), line 25)		954,9	€8£	1,137,398.		
	19 R	evenue less	s expenses. Subtract line 1	8 from line 12			298,5		86,412.		
_ 0		0101100 1000	o expenses. Castract into 1	<u> </u>							
s or nces							Beginning of Currer		End of Year		
Net Assets Fund Balan	20 To	otal assets	(Part X, line 16)				418,5	36.	460,777.		
ĄÄ	21 To	otal liabilitie	es (Part X, line 26)				146,5	551.	102,380.		
팔	00 1		. f	01 forms line 00			-		•		
			r fund balances. Subtract li	ne 21 from line 20			271,9	985.	358,397.		
Pa	rt II	Signatur	e Block								
Unde	er nenalties	s of periury I de	eclare that I have examined this retu	urn including accompanying sc	hedules and statem	nents, and to th	ne hest of my knowledge	and helic	of it is true correct and		
com	plete. Decla	aration of prepa	eclare that I have examined this retu arer (other than officer) is based on	all information of which prepare	er has any knowled	lge.	ie best of my knowledge	ana bene	or, it is true, correct, and		
Sig	n	Signatu	ire of officer				Date				
He	re	DOM	BURGETT				Executive	Dir			
	. •		r print name and title				EXECULIVE .	JII.			
			•	T		T	, , , , , , , , , , , , , , , , , , , 				
		Print/Type p	oreparer's name	Preparer's signature		Date	Check	X if	PTIN		
D-	id	Patrici	a A. Beckwith, CPA	Patricia A Regime	rith CDA		self-employ		P00549411		
Pa				Patricia A. Beckw	ILII, CFA	L	3cii-ciiipioy	-u	1 00343411		
	eparer		e ► <u>Patricia A Beckv</u>	vith CPA							
Us	e Only	Firm's addre	ess ▶ PO BOX 202				Firm's EIN	263	175104		
	_						Phone no.		-		
N.4		0 -1: ''	APTOS, CA 95001	FIIOTIE IIO.	(83I)	661-0665 X Yes No					
IVIA	v the IRS	s aiscliss th	nis return with the preparer	SHOWN ADOVE / (SEE ING	SITUCTIONS)				X Yes No		

Pan	. 111	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefl	fly describe the organization's mission:	
	LIF	FE LAB CULTIVATES CHILDREN'S LOVE OF LEARNING, HEALTHY FOOD AND NATURE THRO	OUGH
	<u>GA</u> R	RDEN-BASED_EDUCATION.	- – – – – – –
2	Did th	the organization undertake any significant program services during the year which were not listed on the prior	
		n 990 or 990-EZ?	es X No
		es,' describe these new services on Schedule O.	_
		the organization cease conducting, or make significant changes in how it conducts, any program services? You will be set,' describe these changes on Schedule O.	es X No
		es, describe these changes on schedule O. cribe the organization's program service accomplishments for each of its three largest program services, as measured l	nv exnenses
	Section	tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	al expenses,
	anu i	revenue, il any, for each program service reported.	
4 a	(Code	de:) (Expenses \$ 942,704. including grants of \$) (Revenue \$)
	<u>See</u>	e <u>Schedule</u> 0	
			. – – – – – –
4 b	(Code	de:) (Expenses \$ including grants of \$) (Revenue \$)
	`		
			. – – – – – –
			. – – – – – –
			. – – – – – –
4 c	(Code	de:) (Expenses \$ including grants of \$) (Revenue \$)
	<u>.</u>		
4 d	Other	er program services (Describe in Schedule O.)	
		penses \$ including grants of \$) (Revenue \$)
4 e	Total	ll program service expenses ► 942.704	

Form 990 (2016) LIFE LAB SCIENCE PROGRAM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŀ	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2016) LIFE LAB SCIENCE PROGRAM Part IV Checklist of Required Schedules (continued)

			res	NO
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
k	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28a		X
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ł	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		X

Form 990 (2016) LIFE LAB SCIENCE PROGRAM Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Enter -0- If not applicable		Check if Schedule O contains a response or note to any line in this Part V								
bEnter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0 C of the organization comply with bedoug withholding rules for reportable payments to ventros and reportable gaming (and provided in the provided payments) in the provided payments or the provided provided in the provided payments or the provided payment in except and Tax Statio 2a 52 D if all least one is reported on line 2a, did the organization fire all required federal amployment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to derive at my provided to the organization five with the sum of lines 1a and 2a is greater than 250, you may be required to derive at my provided to the organization five year? 3a X D if Y (ex.) is reliable of the organization have unrelated businesses gross income of \$1,000 or more during the year? 3a X D if Y (ex.) is reliable of the organization have an interest, in or a signature or other authority over, a 3b X D if Y (ex.) is reliable or the organization and an abrik account; exercities account) or other financial account)? 4a X D if Y (ex.) is reliable party northly the organization than the vast or is a party to a prohibitors of friling requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). S a Was the organization a party to a prohibitor of the value of the property of the prohibitor of the organization file form 8886-17. S a D class the organization and party to a prohibitor of the value of the property of the payor? S a D if Y (ex.) of the organization much were not tax deductible as charitable contributions or gifts were S a D if Y (ex.) of the organization much were property of the organization of the organization of the payor S a D if the organization receive a payment in excess of \$75 made party as a contribution of party for goods and services provided to the organization of the payor S b					1	No				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (apmbling) withings to prize withories? 2 a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax State ments. Ridd for the calendar year enting with or within the year covered by this return. 2 b If at least one is reported on line 2a, did the organization file all required federal employment lax returns? 3 b If the organization have unrelated husiness gross income of \$1,000 or more during the year? 3 b If Yes, is if lid a ferm 990-1 for this year? If We to line 3th provide are epitantian in Schedule 0. 4 a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a state of the provide are epitantian in Schedule 0. 4 a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a state of the provide are epitantian or Schedule 0. 5 b If Yes, enter the name of he foreign country. 5 c Sa Was the organization appart to a prohibited tax sheller transaction at any time during the tax year? 5 a Was the organization or party to a prohibited tax sheller transaction at any time during the tax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as scharalized contributions? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charalized contributions? 6 b If Yes, it did not organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 b If Yes, it did not organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 8 b If Yes, it did not organization include with every solic	1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2	27						
(gambling) winnings to prize winners?	ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0						
2a Enter the number of employees; reported on Form W-3, Transmittal of Wage and Tax State empts, fitted for the collendary year ending with or whiten the years covered by this return. b) If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a bod the organization have unrelated business gross income of \$1,000 or more during the year? 3a bod the organization have unrelated business gross income of \$1,000 or more during the year? 3a bod the organization have unrelated business gross income of \$1,000 or more during the year? 3b if Yes, the fitted a form \$90.1 for this year? If No to line 2b, provide an explanation in Schedule 0 3b if Yes, and the aring the celendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; year did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; year of the organization and the provided of the provided and years are supported or the authority over, a financial account in a foreign country; year of the provided and years are supported or the authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sea Was the organization provided provided and the such accountry and the development of the organization file form 8886-file. 2 b Did any taxable party notify the organization file Form 8886-file. 5 c of a Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a Did the organization that may receive deductible contributions under section 179(c). a Did the organization sell were an explanation file Foreign 8889. 5 b If Yes, did the organization selled wit	(: Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming							
ments, filed for the calendar year ending with or within the year covered by this return. 2a 52 bl X bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b k X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a bit the organization have unreleated business gross income of \$1,000 or more during the year? 3a X bit If Yes, has it filed a form 950 T for this year? If We'ts line 3b, provide an explication in Schedule 0. 3b X bit If Yes, has it filed a form 950 T for this year? If We'ts line 3b, provide an explication in Schedule 0. 3b X bit If Yes, enter the name of the foreign country. See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial account)? 4a X bit If Yes, enter the name of the foreign country. See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial accounts (FBAP). 5a Was the organization at party to a prohibited tax shelter transaction at any time during the tax year? 5a X till Yes, to line 5a or 5b, did the organization file Form 8886-17. 5c Did may taxibility party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X till Yes, did the organization include with every solication an express statement that such contributions or gifts were not lax deductible? 5b X till Yes, did the organization include with every solication an express statement that such contributions or gifts were not lax deductible? 5b X till Yes, did the organization notify the donor of the value of the goods or services provided? 5b X bit If Yes, indicate the number of Forms 8822 filed during the year. Till Yes, did the organization notify the donor of the walue of the goods or services provided? 7c X bit If Yes, indicate the number of Forms 8822 filed during the year. Till Yes, did the organization file a Form 1889 7c X bit If Yes, indicate the n				. 1c	X					
bit at least one is reported on line 2a, aid the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to 2-fife (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; which as a bank account, securities account, or other financial account)? 3 a Did the organization and interest in or a signature or other authority over, a financial account in a foreign country; which as a bank account, securities account, or other financial account; and the properties of	2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	20							
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c Enter the amount of reserves on hand		· ·	le O.							
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b			13b							
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O.</i>										
						Х				
			Schedule O			(2010)				

DON BURGETT 1156 HIGH STREET

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Χ such chapters, affiliates, and branches to ensure their b If 'Yes,' did the organization have written policies and procedures governing the activities of operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?............ Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* ... See .Schedule .Q Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request X Other (explain in Schedule O) See Sch. O Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

SANTA CRUZ CA 95064 (831) 459-2001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated ormer (list any employee hours for and related related organizations organiza tions helow dotted line) (1) CARY OSHINS 2 President 0 Χ Χ 0 0 0. (2) RON SLACK 2 Vice President 0 Χ Χ 0 0 0. (3) SUSAN DAHLGREN 2 X 0. Secretary 0 0 0 2 (4) BRENDA PAYNE Χ Treasurer 0 Χ 0 0 0. 2 (5) PAIGE BERARDO 0 Χ 0 0. 0. Director 2 (6) KRISTA COLQUITTT 0 Χ 0 0. Director 0 2 (7) BARBARA GORDON 0 Χ 0. Director 0. 0. 2 (8) JULIO PORRO 0 Director Χ 0 0 0. 2 (9) ROB WEBB Director 0 Χ 0 0 0. (10) DON BURGETT 30 0 Χ 0 0. Executive Dir 42,013 (11)(12)(13)(14)

Part VII Section A. Officers, Directo		ney	⊏m∣	_		s, an	a rignest con	ipensated Emp	loyees	5 (cont	tinuea)
	(B)			(C)	•		(5)	(5)		(E)	
(A) Name and title	Average hours	hours box, unless person is both an		(D) Reportable	(E) Reportable	E	(F) stimated	d			
Name and the	per week (list any	—	-	-+			compensation from	compensation from related organizations (W-2/1099-MISC)	amo con	unt of o	ther
	hours	Individual or director	ng li	Officer	Key employee	Former Highest	(W-2/1099-MISC)	(W-2/1099-MISC)	org	rom the	on
	related organiza	dual	tiona	7₹	mpla	er st cor				id relate anizatio	
	- tions below dotted	ndividual trustee or director	Institutional trustee		yee	nper					
	line)	96	ice			Former Highest compensated					
(15)											
		•									
(16)											
(17)						-					
		-									
(18)											
(19)	. – – – – – –										
(20)											
(21)											
(22)						+					
		•									
(23)											
(24)							1				
(24)					D	7					
(25)			T								
						Ļ	10.010				
1 b Sub-total							42,013.	0.			0.
d Total (add lines 1b and 1c)							42,013.	0.			0.
2 Total number of individuals (including but n									ensatio	n	
from the organization • 0										T.v.	
2 Did the consciention list and former office			1					to di averela con		Yes	No
3 Did the organization list any former offic on line 1a? If 'Yes,' complete Schedule.	er, director, or tru I for such individu	istee, <i>ial</i>	кеу 	em _l	pioye	ee, or	nignest compensa	tea employee	. 3		Х
4 For any individual listed on line 1a, is the	e sum of reportab	le cor	nper	nsat	ion a	and oth	ner compensation	from			
the organization and related organization such individual	ns greater than \$1	50,00)0? <i>I</i> :	f 'Y	es,' c	comple	ete Schedule J for		. 4		Х
5 Did any person listed on line 1a receive	or accrue comper	nsatio	n fro	m a	any u	nrelat	ed organization or	individual	_		
for services rendered to the organization Section B. Independent Contractors	? If 'Yes,' comple	ete Sc	hedu	ıle .	J for .	such _l	person		. 5	<u></u>	X
1 Complete this table for your five highest compensation from the organization. Report	compensated ind	epend	dent	con	tract	ors th	at received more t	han \$100,000 of			
		the ca	alena	iar y	ear e	enaing	(B)			C)	
(A) Name and busin	ess address						Description	of services	Compe	ensatio	on
2 Total number of independent contractors (in	~	ited to	thos	se lis	sted a	above)	who received more	than			
\$100,000 of compensation from the orga	nızation ► 0										

	Check if Schedule O contains a response or note to an	y line in this Part V	III		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f \$	803,806.			
	Business Code	30070001			
≪ed	2a <u>CAMPS</u> 611710	118,825.	118,825.		
e R	b CONTRACT/CONSULTING 611710	107,546.	107,546.		
<u>S</u> .	c WORKSHOPS 611710	101,565.	101,565.		
Š	d FISCAL SPONSOR FEES	42,606.	42,606.		
Program Service Revenue	e FIELD TRIPS 611710 f All other program service revenue WKS	10,408.	10,408.		
Ę,	g Total. Add lines 2a-2f	10,564. 391,514.	10,564.		
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	331,314.			
	5 Royalties	638.	638.		
	6 a Gross rents	OPY			
	and sales expenses				
Other Revenue	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18				
the	b Less: direct expenses b c Net income or (loss) from fundraising events				
0	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	27,852.	27,852.		
	Miscellaneous Revenue Business Code				
	11a				
	b				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions.	1.223 810	420.004.	0.	0.

Part IX Statement of Functional Expenses

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

Do i	Check it Schedule O contains a remot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	esponse or note to any (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	42,013.	4,201.	21,007.	16,805.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	592,799.	520,515.	22,498.	49,786.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	332,733.	320,313.	22, 130.	137 700.
9	Other employee benefits	105,176.	102,608.	-21,580.	24,148.
10	Payroll taxes	60,045.	49,419.	4,208.	6,418.
11	Fees for services (non-employees):		·	·	•
a	Management				
ŀ) Legal				
(Accounting	7,021.		7,021.	
C	Lobbying				
6	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)		DI		
12	Advertising and promotion.	3,247.	2,858.		389.
13	Office expenses	7/	2/0001		
14	Information technology				
15	Royalties				
16	Occupancy	26,837.	20,917.	2,960.	2,960.
17	Travel	19,054.	18,999.	2.	53.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·			
19	Conferences, conventions, and meetings	5,980.	5,346.	584.	50.
20	Interest	.,	- ,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,533.	4,141.	1,392.	
23	Insurance	19,367.	16,855.	278.	2,234.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	CONSULTANTS & PROF FEES	71,674.	52,792.	18,209.	673.
	PROGRAM RELATED EXPENSES	46,500.	47,413.	-943.	30.
	STIPENDS	36,151.	36,151.		
(COPIER & NONCAPITAL EQUIPMENT	21,780.	17,040.	3,986.	754.
•	All other expenses	74,221.	43,449.	11,177.	19,595.
25	Total functional expenses. Add lines 1 through 24e	1,137,398.	942,704.	70,799.	123,895.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to a	ny line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			173,464.	1	217,528.
	2	Savings and temporary cash investments			221.	2	221.
	3	Pledges and grants receivable, net			120,000.	3	113,750.
	4	Accounts receivable, net			92,708.	4	64,927.
	5	Loans and other receivables from current and former off trustees, key employees, and highest compensated emp Part II of Schedule L	lovees	s. Complete		5	
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958(c)(3)(f) employers and sponsoring organizations of section 501(c)(9) beneficiary organizations (see instructions). Complete Pa		6			
<i>ι</i> δ	-	Notes and loans receivable, net				7	
Assets	7			<u> </u>	00 450	-	15 640
SS	8	Inventories for sale or use		<u> </u>	20,459.	8	15,649.
*	9	Prepaid expenses and deferred charges			1,253.	9	11,929.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0 a	127,606.			
	b	Less: accumulated depreciation	0 b	91,613.	9,382.	10 c	35,993.
	11	Investments — publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11			1,049.	12	
	13	Investments – program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	780.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	.)		418,536.	16	460,777.
	17	Accounts payable and accrued expenses			47,566.	17	33,474.
	18	Grants payable				18	
	19	Deferred revenue			54,500.	19	
	20	Tax-exempt bond liabilities				20	
ie	21	Escrow or custodial account liability. Complete Part IV				21	
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and discomplete Part II of Schedule L	isauali	fied nersons		22	
=	23	Secured mortgages and notes payable to unrelated third		<u></u>	44,485.	23	33,942.
	24	Unsecured notes and loans payable to unrelated third pa	•	<u> </u>	44,403.	24	33,342.
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24). Comple				25	34,964.
	26	Total liabilities. Add lines 17 through 25			146,551.	26	102,380.
S		Organizations that follow SFAS 117 (ASC 958), check here		_	110,001		102,000
월	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			F2 F20	27	46 500
ā	27	Temporarily restricted net assets			-53,530.	27	46,592.
ä	28	Permanently restricted net assets			325,515.	28 29	311,805.
nd	29	-				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check and complete lines 30 through 34.	k nere				
3	30	Capital stock or trust principal, or current funds			30		
8	31	Paid-in or capital surplus, or land, building, or equipmen		<u></u>		31	
As	32	Retained earnings, endowment, accumulated income, or		<u></u>		32	
let	33	Total net assets or fund balances			271,985.	33	358,397.
_	34	Total liabilities and net assets/fund balances			418,536.	34	460,777.

Form **990** (2016) BAA

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI.							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,22	23,8	10.			
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,13	37,3	98.			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	5 Net unrealized gains (losses) on investments. 5							
6	6 Donated services and use of facilities							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))							
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				. П			
				Yes				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Χ				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	d on a						
	b Were the organization's financial statements audited by an independent accountant?		. 2b		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	te						
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		20		Λ			
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits							
BAA			. 3b	990 (2016)			

TEEA0112L 11/16/16

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number LIFE LAB SCIENCE PROGRAM 94-2778848 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 12 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	685,695.	550,938.	756,947.	853,130.	803,806.	3,650,516.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	685,695.	550,938.	756,947.	853,130.	803,806.	3,650,516.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.			
6	Public support. Subtract line 5 from line 4						3,650,516.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	685,695.	550,938.	756,947.	853,130.	803,806.	3,650,516.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			Ya			0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C)ı.			0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.			
	Total support. Add lines 7 through 10						3,650,516.			
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.			
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶□			
	tion C. Computation of Pul	blic Support P	ercentage							
	Public support percentage for 20						100.00%			
15	Public support percentage from	2015 Schedule A,	Part II, line 14				0.00%			
16a	33-1/3% support test—2016. If t and stop here. The organization	he organization di qualifies as a pub	d not check the bolicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	k this box			
b	33-1/3% support test—2015. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, o	check this box			
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how			
	b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions >			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			Va			
	tion B. Total Support			JVI	T		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						•
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶
	tion C. Computation of Pu						
	Public support percentage for 20	•	• •				%
	Public support percentage from					16	%
	tion D. Computation of Inv					1 1	
	Investment income percentage f						%
	Investment income percentage f					<u> </u>	%
19a	33-1/3% support tests—2016. If is not more than 33-1/3%, check						
b	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?	Ü		
b	If 'Yes,' provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the	9a		
c	supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i> . Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,	9b		
02	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI . Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	9с		
va	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	3. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part V If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organ the o	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how reganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		s regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Пτ	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.	ŀ	Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was prosive to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2016 LIFE LAB SCIENCE PROGRAM			78848	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Programme (1) 100 Programme (2) 100 Programme (3) 100 Programme (4) Programme (4) 100 Programme (4) 100 Programme (4) 100 Programme (4) 100 Programme (4) 1	anizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). Se through E.	е
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
_ 7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
Section B — Minimum Asset Amount			(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
ā	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current	t Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			·
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). Schedule A (Form 990 or 990-EZ) 2016 10 Line 8 amount divided by Line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)	707		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	77		
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			
-		011145	

BAA

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



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

Department of the Treasury Internal Revenue Service

Name of the organization

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Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Employer identification number

LIFE LAB SCIENCE PROGRAM	94-2778848
Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
	327 ponticul 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 Gener	ral Rule or a Special Rule.
Note. Only a section 501(c)(7), (8), or (10) or	ganization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
property) from any one contributor. Comp	lete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
X For an organization described in section 5	501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations
received from any one contributor, during), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that 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 9	90-ÉZ, line 1. Complete Parts I and II.
Description described in section 5	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,
during the year, total contributions of mor	e than \$1.000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational
purposes, or for the prevention of cruelty	to children or animals. Complete Parts I, II, and III.
	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,
	for religious, charitable, etc., purposes, but no such contributions totaled more than the total contributions that were received during the year for an exclusively religious,
	any of the parts unless the General Rule applies to this organization because
it received nonexclusively religious, charit	able, etc., contributions totaling \$5,000 or more during the year ▶ \$
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 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	e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

age

1 of

2 of Part I

Name of organization

LIFE LAB SCIENCE PROGRAM

Employer identification number

94-2778848

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>145,137.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>80,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Y	\$ <u>80,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$31,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page

2 of

2 of Part I

LIFE LAB SCIENCE PROGRAM

Employer identification number

94-2778848

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$23 <u>,</u> 500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ - -	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Page

1 to

of Part II

Name of organization

LIFE LAB SCIENCE PROGRAM

Employer identification number 94-2778848

1

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
	N/A	 	
(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	(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	(c) FMV (or estimate) (see instructions)	(d) Date received
		_ \$	7. or 990-PF) (201

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page

1 to

of Part III

Name of organization

Employer identification number

LIFE LAB SCIENCE PROGRAM

Part III | 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 c contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. See i	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(2)	(b)	C-O	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	LIFE LAB SCIENCE PROGRAM	94-2778848
Par	t Organizations Maintaining Donor Advised Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6	j.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	• •
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in don are the organization's property, subject to the organization's exclusive legal control?	or advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other p impermissible private benefit?	can be used only urpose conferring
Day		
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation easement on the
	last day of the tax year.	
		Held at the End of the Tax Year
	Total number of conservation easements	. 2a
	Total acreage restricted by conservation easements.	. 2b
C	Number of conservation easements on a certified historic structure included in (a)	. 2c
C	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic	2 d
3	structure listed in the National Register	organization during the
3	tax year	organization during the
4	Number of states where property subject to conservation easement is located •	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	lling of violations.
·	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva	tion easements during the year
0	Description apparent reported on line 2(d) above satisfy the requirements of sect	ion 170(h) (/) (D) (i)
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?	<u>—</u> — —
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that desconservation easements.	e statement, and balance sheet, and scribes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	Other Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenuart, historical treasures, or other similar assets held for public exhibition, education, or research in furt in Part XIII, the text of the footnote to its financial statements that describes these items.	ue statement and balance sheet works of therance of public service, provide,
k	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue st historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	ance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1.	
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1.	
ŀ	Assets included in Form 990 Part X	►Ś

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, or	r Other Similar Ass	ets (continu	ıed)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that a	re a significant use of its	collection	
a Public exhibition	d Loan	or exchange programs			
b Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization'	s exempt purpose in		
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection	?	Yes	No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if t n Form 990, Part X,	he organization an line 21.	swered 'Yes' on Fo	ırm 990, Par	t IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or other	er assets not included	☐ Yes ☐	No
b If 'Yes,' explain the arrangement in Part XIII					
				Amount	
c Beginning balance			1с		
d Additions during the year			1 d		
e Distributions during the year			1 e		
f Ending balance			1f		
2a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explar	nation has been provide	ed on Part XIII		
Port V Endoument Funda Complete if	the examination on	annarad Waal on Fa	orma 000 Dort IV liv	10	
Part V Endowment Funds. Complete if (a) Curren					
1 a Beginning of year balance	t year (b) Prior year	r (c) Two years back	(d) Three years back	(e) Four year	S Dack
b Contributions				+	
b Contributions				_	
c Net investment earnings, gains, and losses					
d Grants or scholarships		AV			
e Other expenditures for facilities and programs		14,			
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the current	ent year end balance (lin	e 1g, column (a)) held	as:		
a Board designated or quasi-endowment ►	%				
b Permanent endowment ►	5				
c Temporarily restricted endowment ►	%				
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possession	n of the organization that a	are held and administered	d for the		
organization by:	-			Yes	No
(i) unrelated organizations				. 3a(i)	
(ii) related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organization	tions listed as required of	on Schedule R?		. 3b	
4 Describe in Part XIII the intended uses of the	organization's endowme	ent funds.			
Part VI Land, Buildings, and Equipmen	t.				
Complete if the organization ans		m 990, Part IV, line	e 11a. See Form 99	0, Part X, li	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land	(240.0 (01.101)	35p. 33iation		
b Buildings					
c Leasehold improvements		75,109.	75,109.	-	0.
d Equipment		41,934.	14,394.	27	,540.
e Other		10,563.			
Total. Add lines 1a through 1e. (Column (d) must e			2,110.		<u>, 453.</u>
Totan Add intes to through to. (Column (a) Must b	·quai i υπτί 990, Γαπ Λ, (- σιαιτιτι (Β), πιτε 10c.)			<u>,993.</u>

BAA Schedule **D** (Form 990) 2016

Part VII	Investments – Other Securities.		N/A	
), Part IV, line 11b. See Form 990, Part X, line 1	2.
	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
` '	ial derivatives			
	y-held equity interests			
(3) Other				
$\frac{(A)}{(B)}$ – – –				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
Total. (Colur	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII		'Yes' on Form 990	N/A), Part IV, line 11c. See Form 990, Part X, line 1	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨		J	
Part IX		N/A	D, Part IV, line 11d. See Form 990, Part X, line 1	
-	Complete if the organization answered	'Yes' on Form 990	D, Part IV, line 11d. See Form 990, Part X, line 1	5.
(1)	(a) Des	scription	(b) Book value	
(2)				_
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				_
(10)				
-	olumn (b) must equal Form 990, Part X, column (E	3) line 15.)	▶	_
Part X	Other Liabilities.			
	Complete if the organization answered 'Yes' on F (a) Description of liability	orm 990, Part IV, line I (b) Book value	TE OF THE SEE FORM 950, PART A, TIME 25	
(1) Fede	eral income taxes	(b) Book value		
	RUED PAYROLL LIABILITIES	1,25	2.	
	RUED VACATION	33,71		
(4)		·		
(5)				
(6)				
(7)				
(8)				
(9) (10)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 25.)	▶ 34,96	3.4	
i utai. (UUIUI	iiii (b) iiiust equai i viiii 330, r ait Λ, cuidiiii (D) iiiie 23.)	34,90	77.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b.		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P		Return. N/A
	art IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	T
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	art IV, line 12a.	T
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	art IV, line 12a.	T
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2art IV, line 12a. 2a 2b	T
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	2a 2b 2c	T
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	2a	T
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	2a	1
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2a	1 2e 3
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

The Organization is a tax-exempt corporation under Internal Revenue Code Section 501(c) (3) and California state franchise tax under section 23701(d) of the Revenue Taxation Code. The Organization is exempt from taxes on income other than unrelated business income. For the year ended December 31, 2016, the Organization paid no unrelated business income tax.

The preparation of the financial statements in conformity with accounting principles BAA

Schedule D (Form 990) 2016

Part XIII | Supplemental Information (continued)

Part X - FIN 48 Footnote (continued)

generally accepted in the United States of America requires the Organization to report information regarding its exposure to various tax positions taken by the Organization. Management has determined whether any tax positions have met the threshold and has measured the Organization's exposure to those tax positions.

Management believes that the Organization has adequately addressed all relevant tax positions and that there are no unrecorded liabilities.



SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

LIFE LAB SCIENCE PROGRAM 94-2778848

Form 990, Part III, Line 4a - Program Service Accomplishments

Organization - Life Lab Science Program (The Organization) incorporated on July 23, 1981 and officially amended its name and purpose on February 4, 1986. Life Lab's specific and primary purpose is to promote scientific literacy through the Life Lab curriculum, a garden-based experiential and classroom learning program, by activities including, but not limited to: establishment and dissemination of model curricula; training of teachers and administrative staff and providing other technical assistance; and participation of community members in public education. The Organization has also developed model garden-based learning programs serving children in Santa Cruz County under its current mission: cultivating children's love of learning, healthy food, and nature through garden-based education. Major programs include, but are not limited to:

Local Programs (Santa Cruz County, CA) - The Life Lab Garden Classroom and Blooming Classroom are interactive, educational gardens located, respectively, at the Center for Agriculture & Sustainable Food Systems at UC Santa Cruz and on a private farm in Watsonville, CA. These gardens give children the chance to experience hands-on learning about nature, weather, seasons, life cycles, nutrition, food systems and more. Life Lab provides field trips, day camps, and educator workshops in the Garden Classroom, which also serves as a demonstration site for visitors interested in developing their own educational gardens. At the Blooming Classroom, Life Lab provides field trips and after-school programs for students from high-need Pajaro Valley public elementary schools. In addition, Life Lab provides garden educators and training and coaching for elementary school teachers in Santa Cruz County to support effective garden-based teaching with students in Watsonville

Form 990, Part III, Line 4a - Program Service Accomplishments

interns each year in garden-based education. These Local Programs served more than 4,600 children age 4 to 14 in 2016.

National Programs - Life Lab offers a variety of hands-on workshops on garden-based science, nutrition and environmental education for educators from across the nation at the Garden Classroom and on demand around the U.S. Life Lab also offers online webinars for those who cannot attend workshops in person and to share expertise and resources with a wider audience. Life Lab also develops, publishes and distributes PreK-6 curricula, activity guides and other learning materials nationally to support teachers in understanding and successfully implementing hands-on garden-based education programs. Life Lab also facilitates national networking and information sharing among educators and like-minded organizations supporting garden-based learning across the U.S., including through the National School Garden Network it cofounded in 2013. Life Lab teacher training impacted more than 400,000 students across the U.S. in 2016.

"Food, What?!" - "Food, What?!" was a fiscally sponsored organization under Life Lab in 2016 (and became its own 501(c)(3) nonprofit organization as of January 1, 2017). Founded in 2007 as a Life Lab program, "Food, What?!" is a youth empowerment and food justice organization that uses food, through sustainable agriculture and health, as the vehicle for growing strong, healthy and inspired teens. Through internships, summer jobs, and community events, "Food, What?!" partners with low-income and at-risk youth to grow, cook, eat and distribute healthy, sustainably-raised food and to advance food justice in Santa Cruz and Watsonville.

Name of the organization

LIFE LAB SCIENCE PROGRAM

Employer identification number

94-2778848

Form 990, Part VI, Line 11b - Form 990 Review Process

The Finance Committee reviews the 990 then forwards it to the full board for review and approval, including any interpretive notes or critical questions addressed with the preparer if applicable.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Board Executive Committee shall regularly and consistently monitor and enforce compliance with the policy by reviewing statements and taking such other actions as are necessary for effective oversight.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

A committee of the board evaluates the Executive Director's performance, reviews recent compensation data for comparable positions in the region, and approves all Executive Director salary changes beyond regular annual cost-of-living increases (which are approved for all employees as part of the annual organizational budget).

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

All such documents, in public versions if originals contained any confidential donor information, are available to the public upon request. We also post some documents on our web site for public access; however, we are in the process of updating our site and need to complete that process in order to renew online access to our financials this fall and related documents this fall.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.