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) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047 2017

Depa Inter	artment of th nal Revenue	ne Treasury e Service				rs.gov/Form990							Inspection		
			dar ye	ar, or tax ye	ear begin	ning		, 2017,	and ending	3			,		
	Check if ap		C		9	~		. ,		-	D Employ	er ident	, ification number		
	Addres	ss change	LIF	e lab so	CIENCE	PROGRAM					94-2	2778	848		
	Name	change	115	6 HIGH S	STREET						E Telepho				
	Initial	return	SAN	TA CRUZ,	CA 9	5064-1077					(83)	1) 4	59-2001		
	Final ret	turn/terminated										_, _			
	Ameno	ded return									<b>G</b> Gross re	eceipts	\$ 866,444.		
	Applic	ation pending	F Na	me and address	s of principa	I officer:			I	H(a) Is this	a group return				
			Sam	e As C A	bove				1	H(b) Are all	subordinates attach a list.	include			
I	Tax-exer	npt status		1 1	501(c) (	) < (insert	no.) 494	7(a)(1) or	527	IT INO,	attach a list.	(see ins	tructions)		
J	Websi	te:► WW		IFELAB.O	RG					H(c) Group	exemption nu	imber 🕨	•		
κ	Form of	organization:		1 1	Trust	Association C	Other ►	LY	'ear of formatio	on: 198	1 <b>M</b> s	tate of I	egal domicile: CA		
Pa	irt I	Summar								200	-				
				e organizatio	n's missi	ion or most sign	ificant activit	ies:LIF	E LAB C	ULTIV	ATES CI	HILD	REN'S LOVE OF		
a	LI	EARNING	, HE	EALTHY F	00D, 1	AND NATURE	THROUGH	GARDI	EN-BASE	D EDUC	CATION.	LOO	CAL PROGRAMS		
- OL	II	N SANTA	CRU	JZ COUNT	Y, CA	<u>, SERVE 5,</u>	000 CHIL	DREN A	AGE 4-1	4. <u>CU</u> F	RRICULU	IM AI	ND TEACHER		
ü	$\underline{T}$					OVER 500,									
Governance	2 Ch					n discontinued i									
~ ৩						rning body (Part s of the governir						3 4	12		
es						i calendar year 2						4	<u>12</u> 25		
Activities &						necessary)						6	70		
Act						Part VIII, colum						7a	0.		
	<b>b</b> Ne	t unrelated	l busir	ness taxable	income	from Form 990-	T, line 34					7b	0.		
											rior Year		Current Year		
e						1h)					803,8		404,577.		
nuś						e 2g)					391,5	14.	411,149.		
Revenue						A), lines 3, 4, ar									
œ						nes 5, 6d, 8c, 9c					28,4		23,300.		
					-	(must equal Pa X, column (A), I					,223,8	10.	839,026.		
					•	K, column (A), li	-								
					•	e benefits (Part	-				000 0	22	E4E 700		
es	10 Ja					column (A), line	-		-		800,0	55.	545,789.		
ens				о .											
Expenses	<b>b</b> 10		-			umn (D), line 25	·		1,252.						
	17 00					nes 11a-11d, 11				-	337,3		212,943.		
		-			•	equal Part IX, co				1	.,137,3		758,732.		
		venue less	s expe	nses. Subtra	act line 1	8 from line 12					86,4		80,294.		
Net Assets or Fund Balances	<b>20</b> Ta			V line 10						Beginnir	ng of Curren		End of Year		
Bala	20 To										460,7		231,707.		
et A Ind I	21 To		-								102,3		62,810.		
-					ubtract li	ne 21 from line	20				358,3	97.	168,897.		
		Signatur													
Unde	er penalties plete. Decla	of perjury, I de ration of prepa	eclare th arer (oth	at I have exami er than officer) i	ned this retu s based on	arn, including accomp all information of white	anying schedules ch preparer has a	s and staten any knowled	nents, and to th lge.	ne best of m	ny knowledge	and beli	ief, it is true, correct, and		
Sig	ın	Signatu	ire of off	icer						Da	ate				
He	re	DON	BUR	GETT						Execi	utive I	)ir.			
			-	ame and title						111000		/			
		Print/Type p	oreparer	's name		Preparer's signature	e		Date		Check X	ζif	PTIN		
Ра	id	Patrici	a A.	Beckwith,	CPA	Patricia A.	Beckwith.	CPA			self-employe	-	P00549411		
Pre	eparer	Firm's name		Patricia		•	/								
Us	e Only	Firm's addre		4630 Soqu							Firm's EIN	263	175104		
				Soquel, C							Phone no.	(831			
May	, the IRS	discuss th	nis retu			shown above?	(see instruct	ions)					X Yes No		
						he separate ins				A0113L 08/			Form <b>990</b> (2017)		

Form	n 990 (2017) LIFE LAB SCIENCE PROGRAM	94-2778848	} Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	LIFE LAB CULTIVATES CHILDREN'S LOVE OF LEARNING, HEALTHY FOOD AN	D NATURE THE	ROUGH
	GARDEN-BASED EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior	
	Form 990 or 990-EZ?		Yes Ⅹ No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? X	Yes No
	If 'Yes,' describe these changes on Schedule O. See Schedule O		
4		vices, as measured	by expenses.
	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio and revenue, if any, for each program service reported.	ns to others, the to	tal expenses,
	and revenue, if any, for each program service reported.		
4 a		Revenue \$	183,209.)
	Local Programs (Santa Cruz County, CA): Life Lab provides school		
	programs in public elementary schools in Santa Cruz County, part	<u>icularly in</u>	<u>the</u>
	Pajaro Valley Unified School District. It also provides field tr	<u>ips and day</u>	<u>camps at</u>
	its Garden Classroom and Blooming Classroom educational gardens	located in S	<u>Santa Cruz</u>
	and Watsonville, respectively. Gardens give children the chance	to experience	ce
	hands-on learning about science, nutrition, the environment and	much more. 7	The Garden
	Classroom also serves as a demonstration site for visitors inter	ested in dev	veloping
	educational gardens. Life Lab staff train and mentor more than 5		
	community interns each year in field trip and school garden prog		
	Programs served more than 5,000 children age 4 to 14 in 2017.		
41	<b>b</b> (Code: ) (Expenses \$ 232,503. including grants of \$ ) (	Revenue \$	251,030.)
	National Programs: Life Lab offers hands-on workshops on garden-		
	nutrition, and environmental education for educators from across		
	Garden Classroom and on demand around the U.S. It also hosts an		
	School Garden Support Organization Leadership Institute. Life La		
	distributes curricula, activity guides and other learning materi support preK-6 teachers in successfully implementing hands-on ga		
	programs. As a longtime leader in this field, Life Lab facilitat		
	information sharing among organizations supporting garden-based	<u>learning thi</u>	rougn the _
	National School Garden Network it co-founded in 2013. These Nati	onal Program	<u>18</u>
	<pre>impacted more than 500,000 students across the U.S. in 2017.</pre>		
	- (Carley ) (Evenence the including grants of the ) (		
40	c (Code:) (Expenses \$ including grants of \$) (	Revenue Ş	)
40	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4 e	e Total program service expenses ► 623,115.		

 Form 990 (2017)
 LIFE
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 PROGRAM

 Part IV
 Checklist of Required Schedules

1 4			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	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	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	
	b 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
	<b>d</b> 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? <i>If 'Yes,' complete Schedule D, Part IX</i>	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	
	<b>f</b> 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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f	Х	
12	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
	<b>b</b> 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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b 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		Х
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? If 'Yes,' complete Schedule F, Parts III and IV	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
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Form 990 (2017) LIFE LAB SCIENCE PROGRAM

Par	t IV Checklist of Required Schedules (continued)			
			Yes	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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	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	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
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 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
ł	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? <i>If 'Yes,' complete Schedule L, Part II.</i>	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? <i>If 'Yes,' complete Schedule L, Part III.</i>	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		Х
ł	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	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		Х
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? <i>If 'Yes,' complete Schedule N, Part II</i>	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? <i>If 'Yes,' complete Schedule R, Part L</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			Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	If '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? <b>Note.</b> All Form 990 filers are required to complete Schedule O		Х	
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Form 990 (2017) LIFE LAB SCIENCE PROGRAM 94-27788	48	F	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1 a       1	4		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2a 2	5		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4a 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 (such as a bank account, securities account, or other financial account)?	4a		Х
b 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 (FBAR).			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
<ul> <li>bls the organization have almade gloss receipts that are normally gloated than \$100,000, and the organization solicit any contributions that were not tax deductible as charitable contributions?</li> <li>b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were</li> </ul>	6 a		Х
not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	71		
<ul> <li>Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring</li> </ul>	7 h		
organization have excess business holdings at any time during the year?	8		
<ul> <li>9 Sponsoring organizations maintaining donor advised funds.</li> </ul>	0		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:	55		
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11 Section 501(c)(12) organizations. Enter:	-		
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources	-		
against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	1.		v
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14b		(0017)

	members of the governing body?	7 a		Х
k	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	Х	
Ł	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
k	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
Ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SeeSchedule.Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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. O.	15 a	Х	
Ł	Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
Ł	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?	10 h		
500	tion C. Disclosure	16 b		
17	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):			
18	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)	s orny)	avalla	able
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa	ble to		
20	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:			
20	DON BURGETT 1156 HIGH STREET SANTA CRUZ CA 95064 (831) 459-2001			
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			550 (	)

Form 990 (2017) LIFE LAB SCIENCE PRO	)GRAM

Section A. Governing Body and Management

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If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad

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 a	any line in	this Part VI
	o contains	u response			

1 a Enter the number of voting members of the governing body at the end of the tax year.....

officer, director, trustee, or key employee? .....

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

since the prior Form 990 was filed?.....

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? ......

Did the organization become aware during the year of a significant diversion of the organization's assets?..... 6 Did the organization have members or stockholders?.....

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 ...

Did the organization make any significant changes to its governing documents

Х

No

Х

Х

Х

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Yes

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Form 990 (2017) LIFE LAB SCIENCE PROGR	ΔМ				94-27788	48 Page <b>7</b>
Part VII Compensation of Officers, Directo		ees, Key	Employe	es, Highest C		
<b>Independent Contractors</b> Check if Schedule O contains a response of	r noto to or	ny lina in thi	ic Dort \/II			
Section A. Officers, Directors, Trustees, Ke		-				· · · · · · · · · · · · · · · · · · ·
<b>1 a</b> Complete this table for all persons required to be listed.						
organization's tax year.				an year chang wit		
• List all of the organization's <b>current</b> officers, dire compensation. Enter -0- in columns (D), (E), and (F) if				s or organization	s), regardless of an	nount of
<ul> <li>List all of the organization's current key employe</li> </ul>	es, if any. S	See instruct	ions for de	finition of 'key em	iployee.'	
• List the organization's five <b>current</b> highest compe- who received reportable compensation (Box 5 of Form organization and any related organizations.						
$\bullet$ List all of the organization's former officers, key of reportable compensation from the organization and any			t compens	ated employees v	who received more t	han \$100,000
• List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen-						
List persons in the following order: individual trustees of employees; and former such persons.	or directors;	; institutiona	al trustees;	officers; key emp	loyees; highest con	npensated
Check this box if neither the organization nor any relate	ed organizati	ion compensa	ated any cu	rrent officer, direct	or, or trustee.	
		(C)				
(A) Name and Title		Position (do not than one box, ur is both an offi director/trr Institutional trustee	nless person icer and a	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated armount of other organization from the organization and related organizations

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(14)

BAA

(1) CARY OSHINS

Director

Director

Director

(4) BRENDA PAYNE

(5) PAIGE BERARDO

(6) KRISTA COLQUITTT

(8) JULIO PORRO term ended 5/2018

President

Secretary

Director

Director

(9) ENDA BRENNAN

Director

Treasurer

(10) SANDI GOGOL

(11) MICA HALL

Director

Director

(13) DON BURGETT

(12) OLGA DE SANTA ANNA

Executive Dir

(7) BARBARA GORDON

Vice President

(3) SUSAN DAHLGREN

15,600.

#### Form 990 (2017) LIFE LAB SCIENCE PROGRAM

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Par	VII Section A. Officers, Directors, Tru	stees, l	Key E	Emp	oloy	ees,	and	d Highest Com	pensated Empl	oyees	(conti	nued)
		(B)			(C)							
	(A) Name and title	Average hours per	box, i	iot che unless	perso	n re than n is bot tor/trus	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from		(F) stimated	
		week (list any hours	lndi or d	Institutie	₽ ®	emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr	pensatio om the anizatio	
		for related	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	ner			an	d related	b
		organiza - tions below	i trus	n la	loyee	ompe						
		dotted line)	tee	Istee		insate	_					
						ă						
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(25)												
1 b	Sub-total						•	50,395.	0.		15,6	500
	Fotal from continuation sheets to Part VII, Section							0.	0.		10,0	0.
	Fotal (add lines 1b and 1c)							50,395.	0.			500.
	Total number of individuals (including but not limited irom the organization ► 0	to those I	isted a	bove	) who	recei	ved	more than \$100,00	0 of reportable comp	ensatior	ו	
	rom the organization   0										Yes	No
3	Did the organization list any <b>former</b> officer, direct	or, or tru	stee. I	kev e	emplo	ovee.	or h	ighest compensa	ted employee			
	on line 1a? If 'Yes,' compléte Schedule J for such									3		Х
	For any individual listed on line 1a, is the sum of the organization and related organizations greate	r than \$1	50,000	)? If	'Yes	,' con	nple	te Schedule J for		4		V
5	such individual Did any person listed on line 1a receive or accrue	e compen	satior	fron	n anv	unre	elate	d organization or	individual	_		Х
	or services rendered to the organization? If 'Yes	,' comple	te Sch	nedul	le J f	or suc	ch p	erson		5		Х
1	on B. Independent Contractors Complete this table for your five highest compense	sated inde	epend	ent c	ontra	actors	tha	t received more t	han \$100,000 of			
	compensation from the organization. Report compens		the ca	lenda	ar yea	r endi	ng v		í		••	
	(A) Name and business addr	ess						(B) Description o	of services	Compe	•) nsatio	n
2	Fotal number of independent contractors (including b	ut not limi	ited to	these	a lict	nd aho		who received more	than			
	\$100,000 of compensation from the organization			1030		a abu	( <b>1</b> 0)					

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Page 9

Par	t VIII Statement of Revenue Check if Schedule O contains a response or note to an	y line in this Part V			
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns   1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1b				
ts, An	c Fundraising events 1c				
nilar nilar	d Related organizations 1 d e Government grants (contributions) 1 e				
Sin',					
Contributions, Gitts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f 404, 577.				
Ĕ	g Noncash contributions included in lines 1a-1f: \$				
and	h Total. Add lines 1a-1f►	404,577.			
	Business Code				
Program Service Revenue	2a <u>CONTRACT/CONSULTING</u> 611710	149,182.	149,182.		
å	b WORKSHOPS 611710	127,922.	127,922.		
<u>vi</u> č	c <u>CAMPS</u> 611710	123,177.	123,177.		
Sel	d <u>FIELD_TRIPS</u> 611710	10,480.	10,480.		
ram	e <u>OTHER_PROGRAM_REV.</u> f All other program service revenue	388.	388.		
<u>b</u>	g Total. Add lines 2a-2f	411,149.			
	3 Investment income (including dividends, interest and	411,149.			
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds . >				
	5 Royalties	1,856.	1,856.		
	(i) Real (ii) Personal				
	b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)►				
	(i) Securities (ii) Other				
	7 a Gross amount from sales of assets other than inventory				
	<b>b</b> Less: cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)►				
e	8 a Gross income from fundraising events				
en	(not including. \$ of contributions reported on line 1c).				
Other Revenue	See Part IV, line 18 a				
ц. ж	b Less: direct expenses				
Ě	c Net income or (loss) from fundraising events				
U	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 <b>a</b>				
	<b>b</b> Less: direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities►				
	<b>10a</b> Gross sales of inventory, less returns				
	and allowances a 48,862.				
	<b>b</b> Less: cost of goods sold <b>b</b> 27,418.				
	c Net income or (loss) from sales of inventory	21,444.	21,444.		
	Miscellaneous Revenue Business Code				
	11a b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	839,026.	434,449.	0.	0
		,		5.	. 0.

Form 990 (2017) LIFE LAB SCIENCE PRO			94-2778	848 Page
Part IX Statement of Functional Expen Section 501(c)(3) and 501(c)(4) organizations must cor		per organizations must co	mnlete column (Δ)	
Check if Schedule O contains a				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			general expenses	
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	50,395.	25,701.	2,520.	22,174
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.	(
7 Other salaries and wages	377,090.	321,456.	5,486.	50,148
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	79,667.	66,523.	-1,572.	14,716
10 Payroll taxes	38,637.	31,149.	778.	6,710
<b>I1</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
c Accounting	4,288.	3,471.	158.	659
d Lobbying				
e Professional fundraising services. See Part IV, line 17 f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
12 Advertising and promotion.	375.	210.		165
<b>I3</b> Office expenses				
4 Information technology				
15 Royalties				
I6 Occupancy	17,506.	15,086.	-444.	2,864
7 Travel	6,919.	6,919.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings	855.	534.	221.	100
20       Interest         21       Payments to affiliates				
21         Payments to affiliates           22         Depreciation, depletion, and amortization	2 275	0 100	20	1.00
23 Insurance	2,375. 13,280.	2,138. 11,047.	<u>38.</u> 221.	<u> </u>
<ul> <li>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.).</li> </ul>	13,200.	11,047.		2,01
a CONSULTANTS & PROF FEES	44,140.	33,388.	10,164.	588
<b>b</b> <u>PROGRAM RELATED EXPENSES</u>	41,851.	41,741.	40.	7(
COPIER & NONCAPITAL EQUIPMENT	19,483.	15,981.	2,236.	1,26
d <u>WEB_BASED_SERVICES</u>	14,699.	13,010.	311.	1,37
e All other expenses.	47,172.	34,761.	4,208.	8,20
<ul> <li>Total functional expenses. Add lines 1 through 24e</li> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</li> </ul>	758,732.	623,115.	24,365.	111,252
the organization reported in column (B)	TEF-401101 08	08/17		Form <b>99</b>

# Form 990 (2017) LIFE LAB SCIENCE PROGRAM Part X Balance Sheet

			(A) Reginning of year		<b>(B)</b> End of year
			Beginning of year		
1	Cash – non-interest-bearing		217,528.	1	46,992
2	Savings and temporary cash investments		221.	2	5,612
3	Pledges and grants receivable, net		113,750.	3	68,750
4	Accounts receivable, net		64,927.	4	83,312
5	Loans and other receivables from current and former trustees, key employees, and highest compensated en Part II of Schedule L.		5		
6	Loans and other receivables from other disqualified pr section 4958(f)(1)), persons described in section 4958(c)( employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (as defined under 3)(B), and contributing			
				6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use		15,649.	8	16,065
9	Prepaid expenses and deferred charges		11,929.	9	31
10 <i>a</i>	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 100,166.			
Ł	Less: accumulated depreciation	<b>10b</b> 90,245.	35,993.	10 c	9,92
11	Investments – publicly traded securities		,	11	,
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11.			13	
14	Intangible assets.		14		
15	Other assets. See Part IV, line 11	780.	15	74	
16	Total assets. Add lines 1 through 15 (must equal line	460,777.	16	231,70	
17	Accounts payable and accrued expenses	33,474.	17	10,23	
18	Grants payable	•	18	•	
19	Deferred revenue			19	21,50
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part I			21	
22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, trustees, I disqualified persons.		22	
23	Secured mortgages and notes payable to unrelated th		33,942.	23	
24	Unsecured notes and loans payable to unrelated third		55, 542.	24	
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	-	34,964.	25	31,07
26	Total liabilities. Add lines 17 through 25		102,380.	26	62,81
	Organizations that follow SFAS 117 (ASC 958), check he	re ► X and complete			
	lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		46,592.	27	-90,15
28	Temporarily restricted net assets.		311,805.	28	259,05
29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·		29	
	Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipm			31	
32	Retained earnings, endowment, accumulated income,			32	
33	Total net assets or fund balances		358,397.	33	168,89
34	Total liabilities and net assets/fund balances		460,777.	34	231,70

Forn	990 (2017) LIFE LAB SCIENCE PROGRAM 94-2	778848		Pa	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	83	39,0	)26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	75	58,7	/32.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	30,2	294.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35	58,3	397.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	9	-26	59,7	/94.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16	58.8	397.
Pa	t XII Financial Statements and Reporting		<u> </u>	,0,0	
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash XAccrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	d on a			
					х
I	Were the organization's financial statements audited by an independent accountant?		2 b		Λ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	e			
	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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
38	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?		3 a		Х
I	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		3 b		
BAA			Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

## 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-F7 2017 Open to Public

OMB No. 1545-0047

Departn Internal	nent Rev	of the Treasury enue Service	► (		orm990 for instructions		latest i	nformation.	Open to Public Inspection
Name o	f the	organization						Employer identific	ation number
LIF	Ξ ]		CE PROGRAM					94-277884	
Part					rganizations must				tions.
	rga		•		For lines 1 through 12,		-	,	
1					hurches described in sec			(i).	
2					Schedule E (Form 990 o				
3		•	•		ization described in se				
4		A medical res name, city, ar	-	tion operated in conju	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii). E	inter the hospital's
5		An organization section 170(b)	on operated for •)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or university owned	l or oper	ated by	a governmental unit de	escribed in
6 7	v		-	-	ental unit described in s				
	X	in section 170	<b>)(b)(1)(A)(vi).</b> (	Complete Part II.)	part of its support from a	-	ental un	it or from the general pul	blic described
8		-			A)(vi). (Complete Part				
9					ction 170(b)(1)(A)(ix) oper e (see instructions). Ente				
10		from activities	s related to its e come and unre	exempt functions—sul	33-1/3% of its support f oject to certain exception e income (less section Part III.)	ons. and	(2) no	more than 33-1/3% of i	its support from aross
11		An organizati	on organized ar	nd operated exclusive	ely to test for public saf	ety. See	section	1 509(a)(4).	
12		or more public	cly supported o	rganizations describe	ely for the benefit of, to ad in <b>section 509(a)(1)</b> upporting organization	or <b>sectio</b>	on 509(a	)(2). See section 509(a	ut the purposes of one ()(3). Check the box in
а		organization(s)	orting organization the power to re t IV, Sections A	gularly appoint or elect	d, or controlled by its su t a majority of the directo	pported o ors or trus	organizat stees of	ion(s), typically by giving the supporting organizati	g the supported on. <b>You must</b>
b		management of	porting organiz f the supporting t <b>e Part IV, Sect</b> i	organization vested in	controlled in connection the same persons that c	with its control or	support manage	ted organization(s), by the supported organizat	having control or ion(s). <b>You</b>
С		Type III functio	nally integrated	A supporting organizat	tion operated in connection operated in connection of the sections of the sections of the section of the sectio	on with, a <b>A. D. an</b>	nd functi d E.	onally integrated with, its	supported
d		Type III non-fu functionally in	nctionally integ tegrated. The c	rated. A supporting org	anization operated in co must satisfy a distribution of the contract of the co	nnection	with its :	supported organization(s t and an attentiveness	) that is not requirement (see
е	Π			,	en determination from		that it is	s a Type I. Type II. Typ	e III functionally
		integrated, or	Type III non-fu	nctionally integrated	supporting organization	٦.			
				5					
		me of supported o	-	n about the supported	(iii) Type of organization			(v) Amount of monetary	
(	<b>)</b> 14a	me or supported o	ganization	<b>(ii)</b> EIN	(described on lines 1-10 above (see instructions))	organizat in your c	s the tion listed joverning ment?	support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
						1			
(D)									
(E)									

Total

#### Schedule A (Form 990 or 990-EZ) 2017 LIFE LAB SCIENCE PROGRAM

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.)

#### Section A. Public Support

-							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	550,938.	756,947.	853,130.	803,806.	404,577.	3,369,398.
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	550,938.	756,947.	853,130.	803,806.	404,577.	3,369,398.
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						3,369,398.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
7	Amounts from line 4	550,938.	756,947.	853,130.	803,806.	404,577.	3,369,398.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,067.	1,481.	738.	638.	1,856.	5,780.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,			,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						3,375,178.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	1,646,069.
13	First five years. If the Form 990 is organization, check this box and						► 🗌
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						99.83%
15	Public support percentage from	2016 Schedule A,	Part II, line 14			15	100.00%
16a	<b>33-1/3% support test-2017.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a put	d not check the b blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	8% or more, check	this box     ► X
b	33-1/3% support test-2016. If the and stop here. The organization	e organization dic qualifies as a pul	I not check a box plicly supported of	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, c	check this box ►
17a	17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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						VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	nd-circumstances test. The organiza	s' test, check this tion qualifies as a	box and <b>stop her</b> a publicly support	e. Explain in Part ed organization.	t VI how the
18	Private foundation. If the organized	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	is box and see ins	structions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2017

94-2778848

organization fails to qualify	' u

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						
Calen	lar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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.						
4	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disgualified 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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(-)	(-)	(0)		()	()
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similár sources						
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
~	acquired after June 30, 1975 Add lines 10a and 10b						
11	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	or fifth tax year as	a section 501(c)(3	<sup>3)</sup>
	tion C. Computation of Pul		-				
	Public support percentage for 20						00
	Public support percentage from 2						010
Sec	tion D. Computation of Inv						
17	Investment income percentage f	•		-			%
18	Investment income percentage f						8
19a	33-1/3% support tests-2017. If t is not more than 33-1/3%, check						
b	<b>33-1/3% support tests</b> — <b>2016.</b> If t line 18 is not more than 33-1/3%	the organization d	id not check a bo	x on line 14 or li	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	<b>Private foundation.</b> If the organiz						
BAA			TEEA0403L			chedule A (Form 99	

#### 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

- 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.
- **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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **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.*
- 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.
- **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.
- **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.
- **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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If 'Yes,' provide detail in Part VI.*
- 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? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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).
- 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))? If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
  - **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

vart IV Supporting Organizations (continued)							
			Yes	No			
1	Has the organization accepted a gift or contribution from any of the following persons?						
i	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a					
	<b>b</b> A family member of a person described in (a) above?	11b					
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c					

c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.

#### Section B. Type I Supporting Organizations

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- Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint 1 or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No, describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No.' describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization'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 organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		

#### Section 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).
  - The organization satisfied the Activities Test. Complete line 2 below. а
  - The organization is the parent of each of its supported organizations. Complete line 3 below. h
  - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

#### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

Yes

1

2

No

## Schedule A (Form 990 or 990-EZ) 2017 LIFE LAB SCIENCE PROGRAM

1	Pane	6
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	trust on No ations mus	v. 20, 1970 (explain i t complete Sections A	n Part VI). <b>See</b> A through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for sh tax year or assets held for part of year):	ort		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c 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		
<b>3</b> Subtract line 2 from line 1d.	3		
<b>4</b> 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		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
<b>3</b> 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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)						
Secti	on D – Distributions			Current Year					
1,	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 su	pported 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.								
	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.	on is responsive (provide	e details						
9	Distributable amount for 2017 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
1	Distributable amount for 2017 from Section C, line 6								
	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2017								
а									
b	From 2013								
C	From 2014								
d	From 2015								
e	From 2016								
f	Total of lines 3a through e								
g /	Applied to underdistributions of prior years								
h /	Applied to 2017 distributable amount								
i	Carryover from 2012 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
	Distributions for 2017 from Section D, line 7: \$								
a	Applied to underdistributions of prior years								
b,	Applied to 2017 distributable amount								
c	Remainder. Subtract lines 4a and 4b from 4.								
:	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.								
t	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.								
7	Excess distributions carryover to 2018. Add lines 3j and 4c.								
8	Breakdown of line 7:								
а	Excess from 2013								
	Excess from 2014								
	Excess from 2015								
d	Excess from 2016								
	Excess from 2017								

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Schedule A (Form 990 or 990-EZ) 2017

94-2778848 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.) Part VI

SCHEDULE D	Sun	plemental Financial Statements		OMB No. 1545-0047			
(Form 990)	2017						
Department of the Treasury Internal Revenue Service	► Go to <i>www.irs</i>	Attach to Form 990. .gov/Form990 for instructions and the latest information	ion.	Open to Public Inspection			
Name of the organization		-	Employer	identification number			
	SCIENCE PROGRAM		94-27	78848			
Part I Organiza Complete	if the organization ans	or Advised Funds or Other Similar Funds or wered 'Yes' on Form 990, Part IV, line 6.	Accounts.				
		(a) Donor advised funds	(b) Funds and	other accounts			
	end of year						
00 0	ntributions to (during year)						
	ants from (during year)						
4 Aggregate value	at end of year						
are the organizat	ion's property, subject to the	nor advisors in writing that the assets held in donor ad organization's exclusive legal control?	· · · · · · · · · · · · · · · .	Yes No			
6 Did the organizat for charitable pur impermissible pri	ion inform all grantees, donc poses and not for the benefi vate benefit?	ors, and donor advisors in writing that grant funds can t of the donor or donor advisor, or for any other purpos	be used only se conferring	│Yes │ No			
Part II Conserva	tion Easements.		<u> </u>				
		wered 'Yes' on Form 990, Part IV, line 7.					
		y the organization (check all that apply).					
	of land for public use (e.g.,						
	natural habitat	Preservation of a cer	lified historic s	tructure			
	of open space	hald a qualified concernation contribution in the form of a c	anconvotion cos	amont on the			
last day of the ta		held a qualified conservation contribution in the form of a c	onservation eas	ement on the			
			Held at the	e End of the Tax Year			
-	-	ments					
		fied historic structure included in (a) 2	<u>c</u>				
structure listed in	the National Register		d				
3 Number of conserv tax year ►	vation easements modified, trai	nsferred, released, extinguished, or terminated by the organ	nization during t	he			
		ervation easement is located ►					
5 Does the organiz	ation have a written policy re	egarding the periodic monitoring, inspection, handling o	of violations,	Yes No			
		nts it holds? inspecting, handling of violations, and enforcing conservati					
7 Amount of expense ►\$	es incurred in monitoring, insp	ecting, handling of violations, and enforcing conservation e	asements durinç	g the year			
8 Does each conse	rvation easement reported o	n line 2(d) above satisfy the requirements of section 12	70(h)(4)(B)(i) <sub>r</sub>	│Yes │ No			
		s conservation easements in its revenue and expense state	L				
include, if applica conservation eas	able, the text of the footnote ements.	to the organization's financial statements that describe	es the organiza	tion's accounting for			
Part III Organizat Complete	tions Maintaining Colle if the organization ans	ections of Art, Historical Treasures, or Other wered 'Yes' on Form 990, Part IV, line 8.	r Similar As	sets.			
art, historical treas	sures, or other similar assets he	r SFAS 116 (ASC 958), not to report in its revenue sta eld for public exhibition, education, or research in furtheran ncial statements that describes these items.	tement and ba ice of public ser	lance sheet works of vice, provide,			
historical treasures following amount	s, or other similar assets held f s relating to these items:	r SFAS 116 (ASC 958), to report in its revenue statem or public exhibition, education, or research in furtherance of	of public service,	, provide the			
••		line 1					
• •							
		historical treasures, or other similar assets for financial gain 116 (ASC 958) relating to these items:					
		91					

BAA	For Paperwork	Reduction	Act Notice,	see the	Instructions	for Form 990.

Schedule **D** (Form 990) 2017

TEEA3301L 10/11/17

Schedule D (Form 990) 2017 LIFE I				94-2778	
Part III Organizations Maintain	ing Collection	s of Art, Histor	ical Treasures, or	Other Similar Ass	ets (continued)
<b>3</b> Using the organization's acquisition, a items (check all that apply):	accession, and othe	r records, check any	y of the following that are	e a significant use of its o	collection
<b>a</b> Public exhibition		d 🗌 Loan or	exchange programs		
<b>b</b> Scholarly research		e Other			
c Preservation for future generat					
4 Provide a description of the organizat Part XIII.	ion's collections and	d explain how they f	urther the organization's	exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather that	on solicit or receiven n to be maintained	e donations of art, as part of the org	historical treasures, or ganization's collection?	other similar assets	Yes No
Part IV Escrow and Custodial A line 9, or reported an ar	Arrangements. nount on Form	Complete if th 990, Part X, li	e organization ans ne 21.	wered 'Yes' on For	rm 990, Part IV,
<b>1 a</b> Is the organization an agent, truste	e, custodian or ot	her intermediary fo	or contributions or othe	r assets not included	
on Form 990, Part X? <b>b</b> If 'Yes,' explain the arrangement ir				· · · · · · · · · · · · · · · · · · ·	Yes
					Amount
<b>c</b> Beginning balance				1c	
<b>d</b> Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	
2 a Did the organization include an am	ount on Form 990	, Part X, line 21, fe	or escrow or custodial a	account liability?	Yes No
<b>b</b> If 'Yes,' explain the arrangement ir	n Part XIII. Check	nere if the explana	tion has been provided	d on Part XIII	
Part V Endowment Funds. Con					
1 - Baginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
-					+
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities					1
and programs					
f Administrative expenses					
g End of year balance		and helence (line			
<ul> <li>Provide the estimated percentage a Board designated or guasi-endowmer</li> </ul>	-	end balance (line	ig, column (a)) heid a	IS:	
<b>b</b> Permanent endowment ►		· · · · · · · · · · · · · · · · · · ·			
c Temporarily restricted endowment		0			
The percentages on lines 2a, 2b, and		0%			
				e	
<b>3a</b> Are there endowment funds not in the organization by:	possession of the	organization that are	e held and administered	for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the relate	d organizations lis	sted as required or	Schedule R?		3b
4 Describe in Part XIII the intended u	uses of the organiz	ation's endowmer	it funds.		
Part VI Land, Buildings, and E	quipment.				
Complete if the organization	ation answered	'Yes' on Form	990, Part IV, line	11a. See Form 990	J, Part X, line 10.
Description of property	<b>(a)</b> Cos (i	at or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land					
<b>b</b> Buildings					
c Leasehold improvements			75,109.	75,109.	0.
d Equipment			17,424.	11,499.	5,925.
e Other			7,633.	3,637.	3,996.
Total. Add lines 1a through 1e. (Column	(a) must equal Fo	rm 990, Part X, co	oiumn (B), line 10c.)	••••••••••••••••••••••••••••••••••••••	9,921.
BAA				Schedu	ule <b>D</b> (Form 990) 2017

Schedule	(Form 990) 2017 LIFE LAB SCIENCE PRO	OGRAM	94-2	778848 Page	e <b>3</b>
	Investments – Other Securities. Complete if the organization answered '\		N/A Part IV, line 11b, See Form	990. Part X. line	12.
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end		<u></u>
	al derivatives	.,			—
(2) Closely	-held equity interests				—
(3) Other					—
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
( )					_
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨				
Part VIII	Display the organization answered 'N Complete if the organization answered 'N	(oc' on Form 990	N/A Part IV line 11c See Form	990 Part V line 1	12
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er		
(1)		(b) Book value			
(1) (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, column (B) line 13.) 🕨				
Part IX	Other Assets.	N/A	Dort IV line 11d See Form	000 Dart V line 1	15
	Complete if the organization answered () (a) Descr		, Fait IV, line Thu. See Form	(b) Book value	15.
(1)	(4) 2000	iption			
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					—
Total. (Col	lumn (b) must equal Form 990, Part X, column (B)	line 15.)		•	
Part X	Other Liabilities.				_
	Complete if the organization answered 'Yes' on Forr		e or 11f. See Form 990, Part X, line 2	<u>'5</u>	
	(a) Description of liability	(b) Book value			
		1 25	2		
	RUED PAYROLL LIABILITIES RUED VACATION	1,25			
(4)	KOED VACATION	29,01	<u>.</u>		
(5)			-		
(6)					
(7)					
(8)					
(9)					
(10)					
(11) Total (Colum	nn (b) must equal Form 990, Part X, column (B) line 25.) 🕨	> 21 07	1		
TULAI. (LUIUM	ін (в) низтечиат гонні 990, кан X, сонитін (в) ние 20.) 🗖	31,07	L • ]		

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.

Schedule D (Form 990) 2017 LIFE LAB SCIENCE PROGRAM	94-2778848	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part 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		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	
3 Subtract line 2e from line 1.		
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.)		
c Add lines <b>4a</b> and <b>4b</b>	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	<b>P</b> • • • • • • •	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990. Part IX. line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments.		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	
3 Subtract line 2e from line 1.		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	······ <b>J</b>	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines <b>4a</b> and <b>4b</b>	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Part XIII Supplemental Information.	L _ L	

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 X, 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) 2017

#### 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 N		Liquidatio	n Termination	Dissolution o	r Significant Dis	nosition of Assets		OMB No. 1545-	0047
CHEDULE N form 990 or 990-EZ) Liquidation, Termination, Dissolution, or Significant Disposition of Assets Complete if the organization answered 'Yes' on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans.							2017	7	
Department of the Treasury nternal Revenue Service		Attach to F	tified copies of any arti Form 990 or 990-EZ. <i>v.irs.gov/Form</i> 990 for th		esolutions, or plans.			Open to Pu Inspectio	
lame of the organization							Employer identification	number	
LIFE LAB SCIE	NCE PROGRAM	4					94-2778848		
Part I Liquidati	on, Terminat	ion, or Dissol	ution. Complete thi dditional space is r	s part if the organ needed.	ization answered 'Ye	es' on Form 990, Part I	V, line 31, or Fo	rm 990-E	Z,
1 (a) Description distributed o expense	on of asset(s) r transaction	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	s of recipient	recipient(	section of (s) (if tax- or type of tity
								Yes	No
			ployee of the organizat						
			5					2a	
								2b	
			5					2c	
d Receive, or beco	ome entitled to, o	compensation or	other similar payments	as a result of the orga	anızatıon's lıquidation, ter	rmination, or dissolution?		2 d	

e If the organization answered 'Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

TEEA4701L 09/12/17

Schedule N (Form 990 or 990-EZ) 2017 LIFE LAB SCIENCE PROGRAM

Part I Liquidation, Termination, or Dissolution (continued)			
Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0		Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III	3		
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?			
<b>b</b> If 'Yes', did the organization provide such notice?	4 b		
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6 a Did the organization have any tax-exempt bonds outstanding during the year?	6 a		
b If 'Yes' to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6 b		

c If 'Yes,' on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No' on line 6b, explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered 'Yes' on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	r	(g) IRC se recipient(s exempt) or enti	s) (if tax- or type of
FOOD, WHAT?! NET CASH	1/01/17	269,794	CASH VALUE,	81-2590820	FOOD, WHAT?!	ſ	501(c	:) (3
ASSETS AND FIXED ASSETS			SL DEP'N		1156 HIGH STREET	•	)	
					SANTA CRUZ, CA 95064			
							Yes	No
<ul> <li>2 Did or will any officer, director, trustee, or key employee of the organization:</li> <li>a Become a director or trustee of a successor or transferee organization?</li> </ul>							Х	
-								Х
b Become an employee of, or independent contractor for, a successor or transferee organization?								
								X
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?								Х

e If the organization answered 'Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.►

94-2778848

Page 2

#### Part III - Additional Information

RON SLACK HAS SERVED ON THE BOARD OF LIFE LAB SCIENCE PROGRAM SINCE JANUARY 2015. RON WAS INTERESTED AND SUPPORTIVE OF FOOD, WHAT?! WHEN IT WAS A PROGRAM OF LIFE LAB SCIENCE PROGRAM FROM ITS LAUNCH IN 2007. WHEN FOOD, WHAT?! BECAME A FISCALLY SPONSORED PROJECT OF LIFE LAB SCIENCE PROGRAM IN 2015-2016, RON JOINED THE FOOD, WHAT?! ADVISORY COMMITTEE, SERVING AS A LIASON BETWEEN THE LIFE LAB SCIENCE PROGRAM AND THE FOOD, WHAT?! ADVISORY COMMITTEE. WHEN FOOD, WHAT?! BECAME ITS OWN 501(C)(3) NONPROFIT ON 1/1/2017, THE ADVISORY COMMITTEE BECAME THE BOARD OF DIRECTORS FOR THE NEW NONPROFIT ENTITY. LIKE ALL MEMBERS OF BOTH LIFE LAB SCIENCE PROGRAM AND THE FOOD, WHAT?! BOARD, RON IS AN UNCOMPENSATED VOLUNTEER AND HE HAS CONTINUED TO SERVE ON BOTH BOARDS OF THE SEPARATE ORGANIZATIONS IN 2017 AND 2018. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LIFE LAB SCIENCE PROGRAM

#### Form 990, Part III, Line 3 - Ceased Conducting or Significant Changes To Services

Food, What?! ceased operating as a project of Life Lab and became its own 501(c)(3) nonprofit organization.

#### 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 officers regularly and consistently monitor and enforce compliance with the policy through the use of annual Conflict of Interest surveys of the board and 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 19 - Other Organization Documents Publicly Available

An organizational annual report, tax returns and reviewed financial statements are available to the public on our web site. Other documents are available to the public upon request.

#### Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Transfer of FoodWhat	assets	to new	501(c)(3)	on	1/1/17	\$ -269,794.
					Total	\$ -269,794.