Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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

AF	or the	2018 calendar year, or tax year beginning and	enaing			
B c	heck if	C Name of organization		D Employer identific	cation number	
	Addres	_SOCIETI FOR LABORATORI AUTOMATION				
\vdash	Name			٠, ,	620204	
	Jchange ∏Initial	Doing business as Number and street (or P.0. box if mail is not delivered to street address)	Room/suit		620284	
=	_ireturn ∏Fınal	1301 W. 22ND ST., SUITE 708	')-256-7527		
	Jreturn/ termin-		G Gross receipts \$	9,849,299.		
_	ated Amend			H(a) Is this a group re		
\vdash	⊒return ∏Applic			for subordinates		
	Ition pendin	a l	BROOK	1		
ı T	ax-exe	empt status			list (see instructions)	
		e: ► WWW.SLAS.ORG	U	H(c) Group exemptio		
		organization: X Corporation Trust Association Other	L Yea		A State of legal domicile: IL	
	rt I	Summary	1			
		Briefly describe the organization's mission or most significant activities SOCI	ETY F	OR LABORATOR	Y	
Governance		AUTOMATION (SLAS) BRINGS TOGETHER RESEAR				
rna		Check this box if the organization discontinued its operations or dispo				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		/ 3	9	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9	
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	11	
ŧ	6	Total number of volunteers (estimate if necessary)		6	125	
Ę	7 a	Total unrelated business revenue from Part VIII, column (0) Interd2//F-1	7	7a	268,184.	
⋖		Net unrelated business taxable income from Form 990 T-line 38	1 .	7b	0.	
		55		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	1 [0.	0.	
		Program service revenue (Part VIII, line 2g)	1	364,186.	6,166,470.	
		Investment income (Part VIII, column (A), lines 3, 4, and OBDEN UT	1 [75,361.	1,117,300.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	j	1,779.	5,396.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		441,326.	7,289,166.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		51,000.	377,512.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		650,893.	1,130,492.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
bei		Total fundraising expenses (Part IX, column (D), line 25)	0.			
ω		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		620,897.	4,580,522.	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,322,790.	6,088,526.	
	l	Revenue less expenses Subtract line 18 from line 12		-881,464.	1,200,640.	
Soci				Beginning of Current Year	End of Year	
ağş İağı	20	Total assets (Part X, line 16)		11,332,512.	11,365,712.	
& <u></u>	21	Total liabilities (Part X, line 26)		3,909,714.	4,098,505.	
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	Γ	7,422,798.	7,267,207.	
	irt II	Signature Block			· · · · · · · · · · · · · · · · · · ·	
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ments, and to the best of m	y knowledge and belief, it is	
true,	correc	t, and complete. Declaration of reparer other than officer) is based on all information of w	hich prepar	er has any knowledge.		
		ZHUR, MINI		8/26/	19	
Sigi	า	(Signature of office)		Date		
Her		VICKI LOISE, CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid	1	MELISSA STRUCK	<u>"</u>	08/20/19 self-employ	P01310867	
	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749	
	Only	Firm's address 1301 W. 22ND ST, STE 1100				
	-	OAK BROOK, IL 60523		Phone no. (6	30) 573-8600	
May	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	
	01 12-3		ons.		Form 990 (2018)	

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	\mathbf{x}
1	Briefly describe the organization's mission	
	SOCIETY FOR LABORATORY AUTOMATION (SLAS) IS A GLOBAL ORGANIZATION	ON THAT
	BRINGS TOGETHER RESEARCHERS IN ACADEMIA, INDUSTRY AND GOVERNMEN	т то
	ADVANCE LIFE SCIENCES DISCOVERY AND TECHNOLOGY VIA EDUCATION,	
	KNOWLEDGE EXCHANGE AND GLOBAL COMMUNITY BUILDING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior 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 services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	IesINO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	vnancae
~	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
		erises, and
	revenue, if any, for each program service reported	E17 020 V
4a		517,932.)
	PUBLICATIONS - PUBLICATION AND DISTRIBUTION OF "SLAS DISCOVERY"	
	"SLAS TECHNOLOGY", WHICH ARE SCIENTIFIC JOURNALS ADDRESSING THE	
	SPECTRUM OF ISSUES THAT ARE MISSION-CRITICAL TO ACADEMIA, COMME	
	AND GOVERNMENT RESEARCHERS, SCIENTISTS AND ENGINEERS, ENABLING	
	TEAMS TO GAIN SCIENTIFIC INSIGHTS, INCREASE PRODUCTIVITY, ELEVA	TE DATA
	QUALITY, REDUCE PROCESS CYCLE TIMES, AND ENABLE RESEARCH AND	
	DEVELOPMENT THAT OTHERWISE WOULD BE IMPOSSIBLE.	
4b	· · · · · · · · · · · · · · · · · · ·	<u>481,633.</u>)
	CONFERENCES AND EDUCATION - SLAS HOSTS CONFERENCES IN THE UNITE	
	AND EUROPE FROM ALL AREAS OF THE LABORATORY AUTOMATION AND SCRE	ENING
	FIELD. THE CONFERENCES INCLUDE PRESENTATIONS AND EDUCATIONAL CO	URSES.
4c		<u>166,905.</u>)
	MEMBERSHIPS - SLAS MEMBERSHIP INCLUDES A GLOBAL COMMUNITY COMPR	ISING
	MORE THAN 19,000 DEDICATED SCIENTISTS, ENGINEERS, RESEARCHERS,	
	TECHNOLOGISTS, AND BUSINESS LEADERS CONCENTRATED ON RESEARCH AN	D
	DISCOVERY THROUGH LABORATORY SCIENCE AND TECHNOLOGY. SLAS OFFE	RS
	TANGIBLE EDUCATIONAL PROGRAMS, RELEVANT MEMBER BENEFITS AND SER	VICES,
	AND IMPORTANT RESOURCES TO ITS MEMBERSHIP.	- -
		-
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 684,518. including grants of \$ 277,087.) (Revenue \$	
4e	Total program service expenses ► 5,076,356.	·
	The state of the s	Form 990 (2018)
		, ,

SOCIETY FOR LABORATORY AUTOMATION AND SCREENING

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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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	11b		X
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	11c		<u>X</u>
d	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	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	_11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	v	
	Schedule D, Parts XI and XII	12a	<u>X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40-		х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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		X
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	17		X
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		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	X	
			OOO.	0040

Form 990 (2018)

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SOCIETY FOR LABORATORY AUTOMATION

Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	├
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? If "Yes," complete		ĺ	ł
	Schedule J	23	х	}
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	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
h	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
b	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		X
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	<u> </u>	X
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):		1	٠,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	├─	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		 ^*
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		x
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		X
34	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note. All Form 990 filers are required to complete Schedule O	38	X	<u>—</u>
ra	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oneon in Conscious Contains a response of note to any line in this Fait v		V	<u> </u>
,	Fater the number reported in Day 2 of Form 1000 Fater 0 of anti-anti-ability	,	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
С	(gambling) winnings to prize winners?	1c		İ
	AND THE PROPERTY OF THE PROPER			

2018) AND SCREENING
Statements Regarding Other IRS Filings and Tax Compliance (continued)

	• •	•		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	rns?	2	ь Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	**		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3		
b	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3	ь Х	
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)?	4	a X	
b	If "Yes," enter the name of the foreign country. ▶ BELGIUM				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)	-	 	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5	a	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5	b	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5	c '	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization soli			
	any contributions that were not tax deductible as charitable contributions?		` <u> 6</u>	a	<u> </u>
, b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or gifts			١,
_	were not tax deductible?		<u>6</u>	b	
7	Organizations that may receive deductible contributions under section 170(c):	nunna providad to the	:8:48	800 258888	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se If "Yes," did the organization notify the donor of the value of the goods or services provided?	i vices provided to the	- 7	a	<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	- -	<u> </u>	+
C	to file Form 8282?	•	.7		x
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d	` . 🙀		
· e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	•	. 7	e ****	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	1		
	sponsoring organization have excess business holdings at any time during the year?		_ 8	3	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9	а	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9	b	NA 114 - 114 -
10 [Section 501(c)(7) organizations. Enter		.		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		7	
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	, , , , , , , , , , , , , , , , , , ,			
а	Gross income from members or shareholders	11a			
. b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12	2a *** ******	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[120]			
а	Is the organization licensed to issue qualified health plans in more than one state?		15	3a	9 10000000000000
u	Note. See the instructions for additional information the organization must report on Schedule O	•		3	
h	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	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	************	14	la	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	, ,	lb	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remund				
	excess parachute payment(s) during the year?	*	_1	5	X
	If "Yes," see instructions and file Form 4720, Schedule N				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt income?	_1	6	X
	If "Yes," complete Form 4720, Schedule O				
	1		_	000	100401

AND SCREENING

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Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to fine 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

 \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 0. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Х 14 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 Х 15a X Other officers or key employees of the organization 15b 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? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 W Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SOCIETY FOR LABORATORY AUTOMATION AND SCREENING - 630-256-7527 1301 W. 22ND ST., SUITE 708, OAK BROOK, IL Form 990 (2018) 832006 12-31-18

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Form 990 (2018) 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

- 1a 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A)	(B)	<u> </u>		((1341	(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					r/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	_ <u></u>			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		<u>و</u>	mpen		(W-2/1099-MISC)		organization and related
	below	duat	utona		튙	est co	ia i			organizations
	line)	Mpu	Instri	Officer	ğ.	Highest compensated employee	Form			
(1) SCOTT ATKIN	1.00								_	_
PRESIDENT		X		X		ļ	_	0.	0.	0.
(2) SABETH VERPOORTE	1.00			İ					_	_
VICE PRESIDENT	1 00	Х		X		<u> </u>	-	0.	0.	0.
(3) ALAN E. FLETCHER, PH.D.	1.00							_		•
SECRETARY	1 00	X	-	X	_		-	0.	0.	0.
(4) PETER GRANDSARD	1.00	٠,		٠,					0	0
TREASURER	1.00	Х	_	Х		_	-	0.	0.	0.
(5) MICHELE CLEARY	1.00	x						0.	0.	0.
DIRECTOR	1.00	_		-		 			· ·	
(6) SUSAN LUNTE	1.00	x						0.	0.	0.
DIRECTOR (7) IAN SHUTTLER	1.00	<u> </u>	-	-		-		0.	0.	<u> </u>
DIRECTOR		x						0.	0.	0.
(8) CATHERINE TRALAU-STEWART PH.D.	1.00								•	
DIRECTOR		x						0.	0.	0.
(9) STEVE YOUNG, PH.D.	1.00									
DIRECTOR	-	X						0.	0.	0.
(10) VICKI LOISE	40.00						1			
CHIEF EXECUTIVE OFFICER				X				213,200.	0.	37,019.
(11) BRENDA DREIER	40.00				İ					
CHIEF OPERATING OFFICER				X				194,653.	0.	36,277.
(12) NAN HALLOCK	40.00								_	
DIRECTOR OF PUBLISHING						X		137,814.	0.	5,618.
(13) JILL HRONEK	40.00	ŀ			ŀ			406 005		04 44 4
DIRECTOR OF MARKETING COMM		<u> </u>			<u> </u>	X		106,227.	0.	24,414.
										·
 .			-			-		""		
	-	-		<u> </u>						
		1					}			
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							-3-						
(A)	(B)	(C) (D) (E)						(F)					
	Name and title Average Position				(D) Reportable	(E) Reportable	_						
. Name and title	hours per	I (do not check more than one						compensation	compensation	- 1		ount o	
	week					r/trust		from	from related	1		other	
	(list any	ctor						the	organization	ns compensation		tion	
	hours for	rdire				ted		organization	(W·2/1099-MIS	3C)	fro	om the	÷
	related	stee 0	ruste			eusa		(W-2/1099-MISC)			orga	anızatı	on
	organizations	individual trustee or director	institutional trustee		Key employee	Highest compensated employee						l relate	
	below line)	lwdu	tete	Officer	em /	ploye	Former				orga	nızatıc	วทร
	iii ie)	Ē	Ĕ	5	ã	ξĒ	æ						
		_			<u> </u>								
		_			_								
						Н							
-							_						
					ŀ								
		_								\longrightarrow			
		-								į			
		_								-+			
								<u> </u>					
1b Sub-total							<u> </u>	651,894.		0.	103	3,3	28.
c Total from continuation sheets to Part V	II, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	651,894.		0.	<u> 10:</u>	3 , 3:	<u> 28.</u>
2 Total number of individuals (including but r	ot limited to th	ose	liste	d al	bove	e) wh	o re	eceived more than \$100	,000 of reportab	le			
compensation from the organization													4
										r		Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated-e	mployee on		ļ		
line 1a? If "Yes," complete Schedule J for s										-	3		<u> </u>
4 For any individual listed on line 1a, is the si								•	the organization				
and related organizations greater than \$15										-	4	Х	
5 Did any person listed on line 1a receive or a	•				•		elat	ed organization or indiv	dual for services	,			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son					5		<u> </u>
Section B. Independent Contractors													
1 Complete this table for your five highest co										npensa	ation fr	om	
the organization Report compensation for	the calendar y	ear	endi	ng v	VIII	or w	ITNI		year				
(A) Name and business	address							(B) Description of s	ervices	C	(C omper		n
CENTERPLATE										-			
111 WEST HARBOR DRIVE, S.	N DIEGO	1	CZ	٠ ،	92	101		CATERING SER	VICES		44.	7,4	89.
MCI BENELUX SA	HV DIEG							CONFERENCE M				, , =	<u> </u>
AVENUE DE TERVUEREN 300,	BRIISSIJ	ES		श्च	r.G	ΙUΝ		AND MEMBER S			31	4,1	75.
CORCORAN EXPOSITION SERV							Î		21(11,022			=./.=.	
100 W MONROE ST, CHICAGO		60:	3					EXHIBIT SALE	s		30:	1,4	16.
FREEMAN AUDIO VISUAL SOL							-	AUDIO VISUAL					
PO BOX 650519, DALLAS, T.								CONTRACTOR F	I		27	3,7 3	27.
DAVID JAMES GROUP, 1 TRA		LA	ZA	DI	₹,								
SUITE 300, OAK BROOK TER	RACE, II	<u>. (</u>	<u> 501</u>	L8:	1			MARKETING SE	RVICES		269	9,2	<u>18.</u>
2 Total number of independent contractors (ncluding but n	ot lii	mite	d to	tho	se lis	sted	dabove) who received n	ore than				

\$100,000 of compensation from the organization

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue business exempt function Gifts, Grants ilar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1¢ d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a CONFERENCES AND EDUCATION 611430 5,481,633 5,306,653 174,980 511120 517,932 430,124 87.808 b PUBLICATIONS c MEMBERSHIP DUES 900099 166,905 166,905 f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 189,523 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Securities (II) Other assets other than inventory 3,487,912 b Less cost or other basis and salès expenses 2,560,133 c Gain or (loss) 927,779 927,779 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less' direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 900099 5,396 LIST RENTAL 11 a All other revenue Total. Add lines 11a-11d 5,396 12 Total revenue. See instructions 7,289,166 268,184 1 117 300.

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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)

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)					
	. Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(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	150,000.	150,000.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	227,512.	227,512.						
3	Grants and other assistance to foreign	;							
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16				4 Name of Control of C				
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	404 450	4=4 440						
	trustees, and key employees	481,150.	474,149.	7,001.	<u> </u>				
6	Compensation not included above, to disqualified			į					
	persons (as defined under section 4958(f)(1)) and		•						
	persons described in section 4958(c)(3)(B)	105 010	400 040	T 006					
7	Other salaries and wages	495,248.	488,042.	7,206.					
8	Pension plan accruals and contributions (include	24 252	22 000	254					
	section 401(k) and 403(b) employer contributions)	24,352.							
	Other employee benefits	62,922.	62,006.	916.					
10	Payroll taxes	66,820.	65,848.	972.					
11	Fees for services (non-employees)								
a	Management	61 621		64,634.					
b	Legal	64,634. 88,364.		88,364.					
C	Accounting	00,304.		00,304.					
d	Lobbying Destroyers fundament converse Con Port IV line 17								
e	Professional fundraising services. See Part IV, line 17	56,918.	SELECTION SELECT	56,918.					
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	30,910.		30,510.					
g	column (A) amount, list line 11g expenses on Sch O.)	93,939.	82,604.	11,335.					
12	Advertising and promotion	138,745.	138,745.	11,333.					
13	Office expenses	218,199.	187,384.	30,815.					
14	Information technology	648,259.	445,537.	202,722.					
15	Royalties	010/1000							
16	Occupancy								
17	Travel	290,980.	192,478.	98,502.					
18	Payments of travel or entertainment expenses		, , , , , , , , , , , , , , , , , , , ,						
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	2,200,516.	1,853,999.	346,517.					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	42,562.		42,562.	(
23	Insurance	41,274.	16,097.	25,177.					
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 0')								
а	PROFESSIONAL DEVELOPMEN	211,792.	211,792.						
b	EDITORSHIP	109,081.	109,081.						
c	SPONSOR AND EXHIBITOR E	101,091.	101,091.						
d	MEMBER SUBSCRIPTIONS	69,583.	69,583.						
е	All other expenses	204,585.	176,410.						
25	Total functional expenses. Add lines 1 through 24e	6,088,526.	5,076,356.	1,012,170.	0.				
26	$\ensuremath{\textbf{Joint costs}}$. 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)			I					
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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 3,675,611. 1 4,018,024. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 34,095 Accounts receivable, net 130,661 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 690,253 872,713. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 665,332 basis. Complete Part VI of Schedule D 10a 48,740. 223,989 <u>441,343.</u> b Less accumulated depreciation 10b 10c 6,647,037. 5,666,101. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments · program-related See Part IV, line 11 13 14 Intangible assets 14 236,776. 236,870. 15 Other assets See Part IV, line 11 15 11,332,512. 11,365,712. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 255,063. 573,802. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 3,654,651 3,524,703. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 'Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 3,909,714% 4,098,505 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 7,113,477. 7,109,666. 27 27 Unrestricted net assets 162,799. 11,019. 28 28 Temporarily restricted net assets 146,522. 146.522 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 7,422,798. 7,267,207. 33 33 Total net assets or fund balances

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11,365,712.

Total liabilities and net assets/fund balances

Form 990 (2018) AND SCREENING 27-2620284 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 7,289,166. 6,088,526. 2 Total expenses (must equal Part IX, column (A), line 25) 1,200,640. 3 Revenue less expenses Subtract line 2 from line 1 3 7,422,798. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 -1.356.231. Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 7,267,207. 10 column (B)) Part XII Financial Statements and Reporting $\lfloor \mathbf{x} \rfloor$ Check if Schedule O contains a response or note to any line in this Part XII Yes No 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 X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes." check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 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? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a 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? За X

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

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Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SOCIETY FOR LABORATORY AUTOMATION 27-2620284 AND SCREENING 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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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 university. 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 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). 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. J 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. 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 f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (vi) Amount of other (ı) Name of supported (II) EIN (v) Amount of monetary in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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Schedule A (Form 990 or 990-EZ) 2018

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	ction A. Public Support	ciow, picase compi	icte i art ii j		·		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
	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	4,291,669.	4,505,611.	4,404,229.	337,790.	5,903,682.	19,442,981,
3	Gross receipts from activities that are not an unrelated trade or business under section 513					:	
4	Tax revenues levied for the organ- ization'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	4,291,669.	4,505,611.	4,404,229.	337,790.	5,903,682.	19,442,981.
	3 received from disqualified persons						0.
t	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						0.
,	c Add lines 7a and 7b				· · · · · · · · · · · · · · · · · · ·		0.
	Public support. (Subtract line 7c from line 6)						19 442 981.
	ction B. Total Support	<u> </u>					19,442,901.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	4,291,669.	4,505,611.	4,404,229.	337,790.	5,903,682.	19,442,981.
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	114,768.	95,434.		70,571.	189,521.	623,169.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	114,768.	95,434.	152,875.	70,571.	189,521.	623,169.
	Net income from unrelated business activities not included in line 10b, whether or not the business is		-	·	0.	0.	
12	regularly carried on Other income. Do not include gain	0.	17,455.	18,346.		0.	35,801.
	or loss from the sale of capital assets (Explain in Part VI)	54,275.	4 610 500	4 535 450	408,361.	6 002 202	54,275.
	Total support (Add lines 9, 10c, 11, and 12)	4,460,712.	4,618,500.	4,575,450.		6,093,203	20,156,226.
14	First five years. If the Form 990 is for	the organization's	iirst, second, triii	u, lourer, or men ta	ix year as a section	1 30 1(c)(3) Organiz	ation,
Se	check this box and stop here ction C. Computation of Publ	ic Support Per	rentage				
				naluma (fl)		15	96.46 %
	Public support percentage for 2018 (I Public support percentage from 2017			column (I))		16	96.59 %
<u>16</u>	ction D. Computation of Inves					10	JU.JJ 70
				no 13 ooluma (fl)		17	3.09 %
17	, ,			ne 13, column (ij)		· i	3.05 %
	Investment income percentage from 2 a 33 1/3% support tests - 2018. If the			on line 14 and line	15 is more than 3	18 3 1/3% and line 1	
198	• •						✓ IS HOT
L	more than 33 1/3%, check this box a	•	•	• •	-		
ľ	33 1/3% support tests - 2017. If the	-					
00	line 18 is not more than 33 1/3%, che			•		-	
	Private foundation. If the organization	n diu not check a c	70x 011 IIIIE 14, 19	а, от тво, спеск тг			or 990-EZ) 2018
032U	23 10-11-18				30110		

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

- 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.
- 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?
- 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 (as 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)

	Yes	No
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9b		None
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Sche	SOCIETY FOR LABORATORY AUTOMATION  studie A (Form 990 or 990 EZ) 2018 AND SCREENING	27-2620284	<b>4</b> Pá	age 5
	Supporting Organizations (continued)		=	-900
division.	Supporting Organizations (continued)			T
	The theory of the fellower agreement	2384638 AC	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	below, the governing body of a supported organization?	11a		<u> </u>
þ	A family member of a person described in (a) above?	11b		<u> </u>
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		
Sec	tion B. Type I Supporting Organizations			
		,	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			2000
•	regularly appoint 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		93 <b>8.38</b>	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 %L388885	C4.568-8	860680
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	2		
Sec	tion 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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1,	anacocce.	3000030400
Sec	tion D. All Type III Supporting Organizations			
000	Mon D. All Type III dapporting organizations			N.
	D. 1.11		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 ta	X		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			<b>1000000</b>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Caconston	I TRALEPROSES
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 Part VI how			
	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 Part VI the role the organization's			
	supported organizations played in this regard	3	"te affettat)	.nanthfull'S
Sec	tion 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 yeatsee in	structions\		
•		au ucuviisj.		
a	The organization satisfied the Activities Test Complete line 2 below			
b				
С		tity (see instructions)		
2	Activities Test Answer (a) and (b) below.	Politica photo de la la la la la la la la la la la la la	Yes	No
а				
	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.	2a		
b		7		
J	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	7 <b>.5688338</b> 862	and the	200 S

3 Parent of Supported Organizations Answer (a) and (b) below.

activities but for the organization's involvement

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.

Schedule A (Form 990 or 990-EZ) 2018

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	edule A (Form 990 or 990-EZ) 2018 AND SCREENING		2	7-262028 <b>4</b> Page 6
Ŗа	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
<b>1</b>	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (explain in F	Part VI ) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E	
Sect	ion 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		1
. 6	Portion of operating expenses paid or incurred for production or	Τ.		•
	collection of gross income or for management, conservation, or		,	
	maintenance of property held for production of income (see instructions)	6	<u> </u>	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	-	
Sect	ion 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 short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d	•	•
е	Discount claimed for blockage or other.		12.557	
	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		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		<u> </u>
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion 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	٠2		
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		1
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functionally	ıntear	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

27-2620284 Page 7 Schedule A (Form 990 or 990-EZ) 2018 AND SCREENING Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6 .7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years, prior to 2018 (reasonable cause required explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2018 distributable.amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 AND SCREENING 27-2620264 Page 8
Part VI	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)
	•
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **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.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SOCIETY FOR LABORATORY AUTOMATION AND CODERNING

Employer identification number 27-2620284

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		
	0.94.1124.014.101000	(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	1977	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
J	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
Ŭ	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990, Par	<del></del>
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certifie	•
	Preservation of open space	<del></del>	
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conser	vation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(	4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	_
а	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
<u>b</u>	Assets included in Form 990, Part X		<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

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	dule D (Form 990) 2018 AND SCR						20284	
Par	t III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or	Other Sir	milar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ar	re a significa	ant use of its	collection i	tems
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs	5			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's	s exempt pi	urpose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other s	sımılar asset	ts	_	
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Ye	s" on Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21					<del> </del>	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other asset	ts not includ	ded	_	
	on Form 990, Part X?					. L_	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table		_			
							Amount	
С	Beginning balance					lc		
d	Additions during the year				1	ld		
е	Distributions during the year				_1	le		
f	Ending balance					1f		<del></del> _
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account	t liability?		_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII							
Pai	rt V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV,	, line 10		1	
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Thi	ree years back	(e) Four y	ears back
1a	Beginning of year balance	1,486,663.	1,448,746.	1,326,2	231.	354,978.	3	<u>360,973.</u>
b	Contributions					1,000,000.		
С	Net investment earnings, gains, and losses	-42,140.	87,919.	172,5	515.	11,253.		14,005.
d	Grants or scholarships	161,420.	50,000.	50,0	000.	40,000.	ļ	20,000.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	1,283,103.	1,486,663.	1,448,7	746.	<u>1,326,231.</u>	]3	<u>354,978.</u>
2	Provide the estimated percentage of the cur	-	e (line 1g, column (a	a)) held as.				
а	Board designated or quasi-endowment	88.00_	_%					
b	Permanent endowment ► 11.00	%						
С	· -	<u>1.00</u> %						
	The percentages on lines 2a, 2b, and 2c sho	· · · · · · · · · · · · · · · · · · ·						
3а	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered	d for the org	ianization	_	
	by							es No
	(i) unrelated organizations						3a(i)	<u>X</u>
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	•					3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Pai	rt VI Land, Buildings, and Equipm					_		
	Complete if the organization answere			ı				
	Description of property	(a) Cost or o	1 , ,	or other	(c) Accumu	l l	(d) Book	value
	- <u>-</u>	basis (investr	nent) Dasis	(other)	deprecia	uon		
	Land							
	Buildings			4 010	4.0	205		
	Leasehold improvements		33	4,812.		,305.		,507.
	Equipment			7,753.		,303.		<u>,450.</u>
	Other			2,767.	210	,381.		<u>,386.</u>
Tota	I. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, column (B), line 1	(OC)			441	<u>,343.</u>

AND	でつり	CENT.	エアに

	(Form 990) 2018		SCREENING		
Part VII	Investments	- Other Se	ecurities.	 ,	

Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	f valuation. Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)	)		<del></del>	,
(B)			<del>-</del>	
(C)				
(D)				····
(E)				
(F) .		-		
(G)		,		
(H)			· · ·	
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	<u>.</u>	Ago in them note . I am A 484 is may	Commenter desired to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	A. The second of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
Complete if the organization answered "Yes"	on Form 990 Part IV Ju	ne 11c. See Form 99	0 Part X line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)	<del></del>	<u> </u>		
(2)			· · · · · · · · · · · · · · · · · · ·	
(3)				
(4)			,	
(5)				
(6)				
(7)				
(8)		· <del></del>		
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part   X   Other Assets.		Treasser Williams Warner Seff W. 1886	STATISTICS OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	AND THE RESERVE AND THE PROPERTY OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERS
Complete if the organization answered "Yes"	on Form 990 Part IV lu	ne 11d. See Form 00	On Part Y line 15	,
	Description	ie i i d Gee i Gilli 93	o, rait A, inte 15	(b) Book value
				(5) 2001 14.00
(1)		<del></del>		
(2)			<del></del>	
(3)		<del></del>	w	-
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(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		<u></u>	1
Part X Other Liabilities.	5 000 5 1 11/1	44 446 5	000 D . V	_
Complete if the organization answered "Yes"	on Form 990, Part IV, III		orm 990, Part X, line 2	5 ************************************
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)		.=		
(4)				
(5)				
(6)				
(7)	-[			

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 X

 $\triangleright$ 

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

(8)

Da	I VI	Donneilistic of Donney and Audited Financial Statemen	A- 14	Eth Davianus nos D		GODOD Tago
Par	t XI	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	its vv	ith Revenue per R	eturn	<b>.</b>
1	Total	revenue, gains, and other support per audited financial statements		<u></u> .	1	5,876,017.
		nts included on line 1 but not on Form 990, Part VIII, line 12				3,010,011.
		nrealized gains (losses) on investments	2a	-1,356,231.		
b		ed services and use of facilities	2b			
		veries of prior year grants	2c			
		(Describe in Part XIII )	2d			
		nes 2a through 2d		<u> </u>	2e	-1,356,231.
3		act line 2e from line 1			3	7,232,248.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1				<u> </u>
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	56,918.		
b	Other	(Describe in Part XIII )	4b			
С	Add III	nes 4a and 4b			4c	56,918.
		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	7,289,166.
Par	t XII	Reconciliation of Expenses per Audited Financial Stateme	nts V	With Expenses per	Retu	rn.
<del> </del>		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total 6	expenses and losses per audited financial statements			1	6,031,608.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donat	ed services and use of facilities	2a			
b	Prior y	year adjustments	2b			
С		losses	2c			
d	Other	(Describe in Part XIII )	2d			_
е	Add I	nes 2a through 2d			2e	0.
3		act line 2e from line 1			3	6,031,608.
4		nts included on Form 990, Part IX, line 25, but not on line 1	ı	1 5000		
		tment expenses not included on Form 990, Part VIII, line 7b	4a	56,918.		
		(Describe in Part XIII)	4b	i		56 010
		nes 4a and 4b			4c	56,918.
5 Dor		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.			5	6,088,526.
		<u> </u>		th and Oh. Dart V. line	4. Dard	V bas 0. Dark VI
		descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV			∓, Рап	X, line 2, Part XI,
ines .	za ana	I 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addition	oriai ii	nomation		
				<del>.</del>		
DAE	T V	LINE 4:				
LAL	CI V	, DIND 4.				
тнт	EN	DOWMENT CONSISTS OF DONOR-RESTRICTED AN	D B	OARD-DESTGNA	TED	ENDOWMENT
		DOMIDINI COMDIDID OF DOMON MEDINICOLDS IN	<u> </u>	OIMED DEDICION	1 1 1 1	<u> </u>
FUN	ms	FOR THE PURPOSE OF PROVIDING SCHOLARSHI	PS	OR GRANTS TO	IN	DIVIDUALS
FOF	RE	SEARCH IN BIOMOLECULAR DISCOVERY.				
						·
PAF	RT X	, LINE 2:				
THE	SO	CIETY FOLLOWS THE REQUIREMENTS FOR ACCO	UNT	ING FOR UNCE	RTA:	IN TAX
POS	SITI	ONS. THE SOCIETY HAS DETERMINED THAT I	TI	S NOT REQUIR	ED '	ro record a
LIA	BIL	ITY RELATED TO UNCERTAIN TAX POSITIONS	AS	OF DECEMBER	<u>31,</u>	2018 AND
	_					
<u> 201</u>	<u>.7.</u>					
		<u> </u>				

•	SOCIETY FOR LABORATORY AUTOMATION	
Schedule D (Form 990) 2018 Part XIII Supplemental Info	AND SCREENING	27-2620284 Page 5
Part XIII Supplemental Info	rmation (continued)	
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### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Inspection ***

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization SOCIETY FOR LAB	ORATORY	· AUTOMATI	ON		Employer identific	ation number
AND SCREENING					27-262028	
Rart M General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	zation answered "Yo	es" on
Form 990, Part IV				<del> </del>	•	
			ds to substantiate the amount of its gra			: 🗀
the grantees' eligibility to	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assi	stance?	res L No
2 For grantmakers. Desc	ribe in Part V the	organization's i	procedures for monitoring the use of its	s grants and of	her assistance outsi	de the
United States	noc in raic v arc	organization 5	·	granto and o	,	<b>30</b> 1110
	he following Part	: I, line 3 table ca	an be duplicated if additional space is r	needed)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
•	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
•	in the region	independent   contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
	<u> </u>	in the region			, , , , , , , , , , , , , , , , , , , ,	in the region
EUROPE (INCLUDING	,			. •		
ICELAND & GREENLAND) - ALBANIA, ANDORRA,	٠,	,	-	^		
AUSTRIA BELGIUM	ا ،	1	PROGRAM SERVICE	EDUCATIONAL	CONFERENCE	408 342.
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		•	   pg   10000466-2000466-400056000000000000000000000000000	1987-1988-1986-1986-1986-1986-1986-1986-1986	Jacker Guest Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract	
3 a Subtotal		1				408,342.
b Total from continuation		_				^
sheets to Part I c Totals (add lines 3a		0		7,000 m (200,000)	20100000 1000 1000 1000 1000 1000 1000	0.
and 3b)	0	1				408.342.

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

Page 2

AND SCREENING

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any 27-2620284 Schedule F (Form 990) 2018

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV appraisal, other)		·					
(h) Description of noncash assistance							
(g) Amount of noncash assistance	,						
(f) Manner of cash disbursement					, ,	ì	
(e) Amount of cash grant			-	-			
(d) Purpose of grant				-	•		
(c) Region				,			7
(b) IRS code section and EIN (if applicable)							
1 (a) Name of organization							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

UTOMATION
LABORATORY A
SOCIETY FOR I

AND SCREENING Schedule F (Form 990) 2018

27-2620284

Page 3

Part III_ Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed

recipients cash grant cash disbursement

•		BOCIETI FOR HABORATORY AUTOMATION		
	ile F (Form 990) 2018	AND SCREENING	27-2620284	Page 4
Part	IV Foreign Forn	ns		
	• •			
1	Was the organization	a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the	•	
	organization may be re	equired to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instri	uctions for Form 926)	Yes	X No
	•	,		
2	Did the organization h	ave an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to se	parately file Form 3520, Annual Return To Report Transactions With Foreign		
•	Trusts and Receipt of	Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Own	er (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
		· · · · · · · · · · · · · · · · · · ·		
3	Did the organization h	ave an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may b	pe required to file Form 5471, Information Return of U.S. Persons With Respect To		
		rations (see Instructions for Form 5471)	Yes	X No
	•			
4	Was the organization	a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund	during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by	a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for F	orm 8621)	Yes	X No
		`		
5	Did the organization h	ave an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may b	pe required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (	see Instructions for Form 8865)	Yes	X No
		•		
6	Did the organization h	ave any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization	may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form	5713, don't file with Form 990)	Yes	X No

	SUCTETY FOR LABORATORY AUTOMATION	27 2620204	
Schedule F	(Form 990) 2018 AND SCREENING	27-2620284	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account		
•	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)	thod), and Part III, column (c)	:)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation See instructions	
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	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization SOCIETY FOR LABORATORY AUTOMATION

20.18	Onen to Public

OMB No 1545-0047

Employer identification number Inspection

AND SCREENING	NING						27-2620284
Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of the	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addit	ional space is need	Jed			
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF							
CALIFORNIA AT IRVINE - 120 THEORY, SUITE 200 - IRVINE, CA 92617	95-2226406	501 (C)3	100,000	0			EDUCATION FELLOWSHIP GRANT
JOHNS HOPKINS UNIVERSITY RESEARCH			•				
ADMINISTRATION - 1101 E. 33RD						١	
STREET, SUITE B001 - BALTIMORE, MD	52-0595110	5(7) (03	000 05	c			EDUCATION FELLOWSHIP
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2 Enter total number of section 501(c)(3) and government organizations list	and government o	tions list	ed in the line 1 table				2.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2018)

Page 2

27-2620284

AND SCREENING

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2018)

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) A SPECIFIC REQUIREMENT AS Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information GRANTS OR AWARDS ARE PRE-FUNDED (d) Amount of non-cash assistance 17,786, 209,726 (c) Amount of cash grant GRANTS AND AWARDS ARE FUNDED UPON COMPLETION OF 68 (b) Number of recipients NO DEFINED BY AN OVERSIGHT COMMITTEE. (a) Type of grant or assistance TRAVEL AWARDS AND OTHER ASSISTANCE INNOVATION AVENUE AWARDS LINE PART I,

832102 11-02-18

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. SOCIETY FOR LABORATORY AUTOMATION

AND SCREENING

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

Part Questions Regarding Compensation

Employer identification number 27-2620284

Schedule J (Form 990) 2018

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	<b>****</b>		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
_	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
			***	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	,,,,,,,,,,
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	230		***
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
.3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Lagrangian Approval by the board or compensation committee			
;				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	-	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	'4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		<b>****</b>	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		Х
ь	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III	****	**	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of	***	200	
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		_X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (958.6/c)?	۹		'

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27-2620284

AND SCREENING

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(c).(i)(c)	reported as deferred on prior Form 990
(1) VICKI LOISE	Θ	193,310.	19,890.	0.	8,528.	28,491.	250,219.	0
끏	(ii)	0	0.	0.		0.	0	0
(2) BRENDA DREIER	(i)	166,905.	27,748.	0.	8 <i>L'L</i>	28,491.	230,930.	0.
CHIEF OPERATING OFFICER	Œ		0	0	0	0.	0	0.
	(1)							
	(E)							
	Ξ							
	(II)							
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Part III | Supplemental Information Schedule J (Form 990) 2018

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

PART I, LINE 1A:
HEALTH CLUB MEMBERSHIP DUES ARE INCLUDED AS PART OF THE CEO'S SALARY AND
BENEFITS EXPENSE.
PART I, LINE 3:
COMPENSATION FOR THE CEO IS ESTABLISHED BY A COMPENSATION COMMITTEE MADE UP
OF INDEPENDENT DIRECTORS. COMPENSATION IS DETERMINED BASED UPON A REVIEW
AND EVALUATION OF PERFORMANCE AND IS SUBJECT TO THE APPROVAL OF THE BOARD
OF DIRECTORS.

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### 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.

■ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public

Inspection

SOCIETY FOR LABORATORY AUTOMATION Name of the organization Employer identification number 27-2620284 AND SCREENING FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND GOVERNMENT TO ADVANCE LIFE SCIENCIES DISCOVERY AND TECHNOLOGY VIA EDUCATION, KNOWLEDGE EXCHANGE AND GLOBAL COMMUNITY BUILDING. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF THE SOCIETY FOR LABORATORY AUTOMATION AND SCREENING (SLAS) IS TO BE A GLOBAL ORGANIZATION PROVIDING FORUMS FOR EDUCATION AND INFORMATION EXCHANGE TO ENCOURAGE THE STUDY AND THE ADVANCEMENT OF THE SCIENCE AND PRACTICE OF LABORATORY AUTOMATION AND SCREENING. FORM 990. PART III. LINE 4D. OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES CONSIST OF AWARDS AND GRANTS AND STRATEGIC DEVELOPMENT. THE AWARDS PROGRAM ADVANCES SLAS'S CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES BY: (I) ENCOURAGING, HONORING AND HIGHLIGHTING SIGNIFICANT SCIENTIFIC OR EDUCATIONAL CONTRIBUTIONS TO LABORATORY SCIENCE AND TECHNOLOGY; (II) ENCOURAGING STUDENTS TO EXPLORE AND LEARN ABOUT LABORATORY SCIENCE AND TECHNOLOGY; AND (III) ENCOURAGING CONTRIBUTIONS TO SLAS'S SCIENTIFIC AND EDUCATIONAL PROGRAMS BY RECOGNIZING EXCEPTIONAL PRESENTATIONS, POSTERS, AND ARTICLES. THE SLAS STRATEGIC PLANNING PROCESS FUNCTIONS AS A GUIDE FOR DECISION-MAKING AND AS A FRAMEWORK TO MEASURE PROGRESS. THIS PLAN IS A

NEW OPPORTUNITIES PRESENTED BY THE CHANGES IN MEMBER PRIORITIES

FLEXIBLE TOOL THAT CAN BE RECALIBRATED WHEN NECESSARY IN RESPONSE TO

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization SOCIETY FOR LABORATORY AUTOMATION **Employer identification number** 27-2620284 AND SCREENING ECONOMIC CONDITIONS AND MARKET TRENDS. THE PLANS DEVELOPED HELP TO FOCUS RESOURCES IN WAYS THAT WILL BEST SERVE THE MEMBERSHIP AND THE ORGANIZATION. EXPENSES \$ 684,518. INCLUDING GRANTS OF \$ 277,087. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: SLAS IS A PROFESSIONAL ORGANIZATION WITH MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF SLAS ELECT A BOARD OF DIRECTORS WHICH IS THE REPRESENTATIVE BODY OF THE SOCIETY, SERVING FOR THE BENEFIT OF THE MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM . THE PREPARER PROVIDES A DRAFT COPY TO THE CHIEF OPERATING OFFICER FOR REVIEW BEFORE IT IS MADE AVAILABLE TO THE BOARD OF DIRECTORS. A COPY OF FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS ON A WEB PORTAL. BOARD OF DIRECTORS INQUIRIES REGARDING THE FORM 990 ARE TO BE DIRECTED TO THE FINANCIAL DIRECTOR, CEO AND PREPARER FOR RESOLUTION PRIOR TO FILING THE FORM. FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY OF SLAS REQUIRES THE DIRECTORS, OFFICERS AND COMMITTEE MEMBERS TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO A CONFLICT BY COMPLETING AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE CEO IS ESTABLISHED BY A COMPENSATION COMMITTEE MADE UP Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18