DLN: 93493117004235

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

foundations) ▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

Open to Public Inspection

A Fo	r the 2	2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30	-2014				
B Ch	eck ıf ap	oplicable C Name of organization SOCIETY FOR LABORATORY AUTOMATION AND SCREENING		D Employ	er ident	ification number	
☐ Add	ress cha	ange		27-26	20284		
┌ Na	me char	Doing Business As					
┌ Init	ıal retur	Number and street (of FO box if mail is not delivered to street address) Room/suit	e	E Telepho	ne numbe	 er	
Г Теі	mınated	100 ILLINOIS STREET NO 242			256-75		
┌ Am	ended r			(030)	230-73	127	
Гарі	olication	ST CHARLES, IL 60174 pending		G Gross re	eceipts \$!	5,005,431	
		F Name and address of principal officer	H(a) Is th	nis a group	return f	or	
		GREG DUMMER 100 ILLINOIS ST SUITE 242		ordinates?		┌ Yes 🗸 No	
		ST CHARLES, IL 60174	H(h) Ara	all subordır	natec	┌ Yes ┌ No	
				an adbordii ded?	iates	1 1651 110	
I Ta	x-exem	pt status	If"N	lo," attach	alıst (s	see instructions)	
J W	ebsite	:► WWW SLAS ORG	H(c) Gro	up exemptı	on numl	ber ►	
		anization Corporation Trust Association Other ►	L Year of f	omation 20:	10 M S	tate of legal domicile IL	
Pa	rt I	Summary					
		Briefly describe the organization's mission or most significant activities					
01	=	SEE SCHEDULE O					
Ž						_	
Ē	-						
Governance	2 0	Check this box দ if the organization discontinued its operations or disposed of	more than	25% of its	net ass	ets	
	3 1	Number of voting members of the governing body (Part VI, line 1a)		. 1	з	9	
Activities &	1	Number of independent voting members of the governing body (Part VI, line 1b)			4	9	
Ě	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a) .			5	7	
ទ្ធ	6 ⊺	otal number of volunteers (estimate if necessary)			6	125	
٠.	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12			7a	274,119	
	b∧	Net unrelated business taxable income from Form 990-T, line 34			7b	4,800	
			Pri	or Year		Current Year	
a.	8	Contributions and grants (Part VIII, line 1h)		20,0	00	0	
Ravenue	9	Program service revenue (Part VIII, line 2g)		4,109,0	09	4,166,350	
9.6	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		167,8	61	225,142	
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,0	77	4,000	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,322,9	47	4,395,492	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		213,5	35	241,526	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0	
83	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		917,5	36	1,071,513	
<u>%</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0	
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0					
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,209,9	20	2,986,628	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,340,9	91	4,299,667	
	19	Revenue less expenses Subtract line 18 from line 12	1	-18,0		95,825	
Net Assets or Fund Balances			_	ng of Currer Year	nt	End of Year	
sse Jaka	20	Total assets (Part X, line 16)		7,052,4	7,64		
절	21	Total liabilities (Part X, line 26)		777,4	39	757,456	
žŽ	22	Net assets or fund balances Subtract line 21 from line 20		6,274,9	84	6,892,421	
Da	73 i E	Signature Block					

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign
Here

Signature of officer

GREG DUMMER EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer **Use Only**

Print/Type preparer's name GREGORY S ADAMS Preparer's signature Firm's name FCLIFTONLARSONALLEN LLP Firm's address 🟲 1301 W 22ND ST STE 1100

May the IRS discuss this return with the preparer shown above? (see instruction

OAK BROOK, IL 60523

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)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		Νo
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
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 so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
_		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

αI	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	 No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 42		res	INC
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c		
a	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
,				
	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
	11 165, to line 3a of 3b, the the organization life Form 6000-11	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Ν
	If "Yes " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a resi	onse or note to any	line in this Part VI	 _	_	_	_	_	_	_	_	_	_	.マ

	ection 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 O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
		8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	H		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	retiem D. Deliese (This Costion D. requests intermetion about noticies not required by the Internal D		.a Cad	~ \
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			ue Code Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- 17 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ►DAVE WASIELEWSKI KUTCHINS ROBBINS DIAMOND LTD 1101
 SCHAUMBURG,IL 60173 (847) 240-1040

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is a dii	one bot	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) DAN SIPES	1 00	×		×				0	0	0
PRESIDENT				Ĺ				ŭ .	ŭ .	
(2) ROBYN ROURICK	1 00	x		×				0	0	0
TREASURER								Ů	ŭ .	
(3) DEAN HO	1 00	x		×				0	0	0
VICE PRESIDENT										
(4) ALASTAIR BINNIE	1 00	х						0	0	0
DIRECTOR				_						
(5) FRANK FAN	1 00	х						0	0	0
DIRECTOR (6) JOSHUA BITTKER	1 00	x						0	0	0
DIRECTOR		_ ^						Ŭ	O .	
(7) RICHARD ELLSON DIRECTOR	1 00	х						0	0	0
(8) RICHARD EGLEN	1 00									_
DIRECTOR		Х						0	0	0
(9) MIKE SNOWDEN	1 00	,,						0	0	
DIRECTOR		Х						U	0	0
(10) GREGORY DRUMMER	40 00			Х				223,265	0	40,344
CEO				Ĺ.				223,233	ŭ .	
(11) BRENDA DRIER	40 00					x		119,483	0	33,208
DIRECTOR OF GLOBAL EVENTS								,		
(12) TOM MANNING	40 00					x		128,150	0	34,941
DIRECTOR OF MARKETING COMMUNICATIONS	_									
										Form 990 (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	ne l both	box, an d	heck unless officer stee)	6	(C Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W	'- C	(F) Estima mount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
												_		
												_		
												_		
1b	Sub-Total							F						
c d	Total from continuation sheet Total (add lines 1b and 1c) .				•	•	•	•		470,898		0		108,493
2	Total number of individuals (in \$100,000 of reportable compo	_	lımıted	to the	ose	liste		e) w	ho receive			-1		200, 100
													Yes	No
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i> 5					key •	emplo	yee •	, or highes	t compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5	, 55	No
	ection B. Independent Co	ntractors												
1	Complete this table for your fire compensation from the organization from the organizati	ve highest comp											tax year	
	Ŋ	(A) lame and business	address							Des	(B) cription of services		(C Compe	
MCI G	GROUP PTC LTD 66 NORTH SHANXI RD										CE MANAGER AND	\neg	. F. S.	246,112
	JAMES GROUP 1 TRANS AM PLAZA DI				ACE I	L 601	81			MARKETIN	G SERVICES			228,391
	ORAN EXPOSITION SERVICES 100 W N MAN AUDIO VISUAL SOLUTIONS INC PO									EXHIBIT SA AUDIO VISU	JAL CONTRACTOR	-		194,070 187,205
	Total number of independent co \$100,000 of compensation fror			not	lımıt	ed t	o thos	e lıst	ted above)	who rece	ıved more than	+		

Part V	1111	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
		Check if Scheal	uie O contains a respon	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514						
v	1a	Federated cam	paigns 1a											
ants unt	ь	Membership du	es 1b											
Gra mo	С	Fundraising eve	ents 1 c											
fts, ir A	d	Related organiz	rations 1d											
ons, Gifts, Grants Similar Amounts	e	Government grants												
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f											
tributio Other !	•	sımılar amounts no	t included above											
i ţi	g	Noncash contribution 1a-1f \$	ons included in lines											
Cont and	h	Total. Add lines	s 1a-1f	· · · .										
<u> </u>				Business Code										
rent	2a	CONFERENCES		611430	3,449,792	3,319,439	130,353							
æ	Ь	PUBLICATIONS/ME		511120	590,128	446,362	143,766							
MCe	С	MEMBERSHIP DUES	<u> </u>	900099	126,430	126,430								
Se.	d e													
ran	f	All other progra	ım service revenue											
Program Serwce Revenue				L										
	g 3		ome (including dividen		4,166,350									
		and other simila	aramounts)		116,986			116,986						
	4		tment of tax-exempt bond	proceeds										
	5	Royalties	(ı) Real	(II) Personal										
	6a	Gross rents	(i) iteal	(ii) i cissilai										
	ь	Less rental expenses												
	С	Rental income or (loss)												
	d		me or (loss)											
			(ı) Securities	(II) Other										
	7a	Gross amount from sales of	718,095											
		assets other than inventory												
	b	Less cost or other basis and	609,939											
	С	sales expenses Gaın or (loss)	108,156											
	d	Net gain or (los	s)	· · · · •	108,156			108,156						
άs	8a	Gross income f events (not inc												
Other Revenue		\$	reported on line 1c)											
- -			а											
ott.	b C		penses b loss) from fundraising	events b										
_			rom gaming activities	events p										
		See Part IV, lin	e 19 a											
	b c		penses b loss) from gaming acti	vities										
		Gross sales of returns and allo	inventory, less											
	b	Less cost of a	oods sold b											
	С		loss) from sales of inv	entory 🛌										
		Miscellaneous	Revenue	Business Code										
	_	OTHER		900099	4,000	4,000								
	b													
	c d	All other reven	ue											
	e	Total. Add lines		🕨										
	12		See Instructions .		4,000									
					4,395,492	3,896,231	274,119	225,142						

Form 990 (2013) Part IX Statement of Functional Expenses

Otatement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)	
Charlest Cabadula Constanta a management to any long in this Don't IV	

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Total ex		Check if Schedule O contains a response or note to any line in this	Part IX			<u></u>
### Of the Compensation of Com				Program service	Management and	Fundraising
United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits part to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other sallows in included above, to disqualified persons (as defined under section 4958(7(1)) and persons (described in section 4958(7(1)) and persons (described in section 4958(7(3))(8) 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 43,531 37,147 6,384 11 Fees for services (non-employees) a Management .	1		20,000	20,000		
organizations, and individuals outside the United States See Part IV, line 17 1 Pear of the reservoir of Comments	2		221,526	221,526		
Compensation of current officers, directors, trustees, and key employees 223,265 190,523 32,742	3	organizations, and individuals outside the United				
Compansion not included above, to disqualified persons (as defined under section 49 88 (f)(1)) and persons described in section 49 88 (f)(1)) and persons described in section 49 88 (f)(1)) and persons described in section 49 88 (f)(1) and persons described in section 49 88 (f)(1) and 49 3 (b) employer contributions)	4	Benefits paid to or for members				
(as defined under section 49 SR(f(1)) and persons described in section 49 SR(f(1)) on the person of the person and search of the person of the	5		223,265	190,523	32,742	
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits	6	(as defined under section 4958(f)(1)) and persons				
and 403 (b) employer contributions)	7		669,656	571,452	98,204	
10 Payroll taxes	8					
### According ##	9	Other employee benefits	135,061	115,254	19,807	
Management	10	Payroll taxes	43,531	37,147	6,384	
Description	11	Fees for services (non-employees)				
C Accounting	а	Management				
Lobbying Professional fundraising services See Part IV, line 17	b	Legal	17,279	12,453	4,826	
Professional fundraising services See Part IV, line 17	C	Accounting	77,000	55,496	21,504	
For Investment management fees	d	Lobbying				
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	e	Professional fundraising services See Part IV, line 17				
Column (A) amount, list line 11g expenses on Schedule O)	f	Investment management fees				
19 Advertising and promotion	g	column (A) amount, list line 11g expenses on	590, 502	324,507	265,995	
13	12		,			
14			,	·	· ·	
15 Royalties		·	· ·	,		
16 Occupancy 149,602 69,684 79,918 17 Travel 149,602 69,684 79,918 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest <th></th> <td></td> <td>100,530</td> <td>200,111</td> <td>123,557</td> <td></td>			100,530	200,111	123,557	
17 Travel						
Payments of travel or entertainment expenses for any federal, state, or local public officials			149 602	69 684	79 918	
Toniferences, conventions, and meetings		Payments of travel or entertainment expenses for any federal,	113,002	03,001	73,310	
Interest	19		754,815	675,681	79,134	
Payments to affiliates	20	Interest				
Insurance	21					
Insurance		•	49,068		49,068	
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a MISCELLANEOUS b MEMBERSHIP DUES AND SUB c EDITORSHIP d COMMUNITY BUILDING PROG e All other expenses Total functional expenses. Add lines 1 through 24e 7 Total functional expenses. Add lines 1 through 24e 10,479 146,908 136,429 139,635 2,584 25 Total functional expenses. Add lines 1 through 24e 4,299,667 3,417,830 881,837 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	23		· ·	13,057	· · · · · · · · · · · · · · · · · · ·	
b MEMBERSHIP DUES AND SUB 142,219 139,635 2,584 c EDITORSHIP 99,270 99,270 d COMMUNITY BUILDING PROG 95,070 e All other expenses 13,558 25 Total functional expenses. Add lines 1 through 24e 4,299,667 3,417,830 881,837 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	24	miscellaneous expenses in line 24e If line 24e amount exceeds 10%				
c EDITORSHIP 99,270 99,270 d COMMUNITY BUILDING PROG 95,070 e All other expenses 13,558 13,558 25 Total functional expenses. Add lines 1 through 24e 4,299,667 3,417,830 881,837 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	а	MISCELLANEOUS	146,908	136,429	10,479	
d COMMUNITY BUILDING PROG 95,070 95,070 e All other expenses 13,558 13,558 25 Total functional expenses. Add lines 1 through 24e 4,299,667 3,417,830 881,837 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	b	MEMBERSHIP DUES AND SUB	142,219	139,635	2,584	
All other expenses 13,558 13,558 Total functional expenses. Add lines 1 through 24e 4,299,667 3,417,830 881,837 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check	c	EDITORSHIP	99,270	99,270		
Total functional expenses. Add lines 1 through 24e 4,299,667 3,417,830 881,837 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	d	COMMUNITY BUILDING PROG	95,070	95,070		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check	е	All other expenses	13,558	13,558		
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check	25	Total functional expenses. Add lines 1 through 24e	4,299,667	3,417,830	881,837	0
	26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check				

Form 990 (2013) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,371,949 1,240,273 1 1 2 2 Savings and temporary cash investments 3 3 4 9.591 4 1.192 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 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 instructions) Complete Part II of Schedule L Assets 7 8 8 9 184, 197 214,715 10a Land, buildings, and equipment cost or other basis Complete 337,626 10a Part VI of Schedule D 186,731 b Less accumulated depreciation 10b 109,062 10c 150,895 5.357.083 6.039.678 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 20,541 3,124 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 7,052,423 16 7,649,877 **17** 180,293 17 227,589 Accounts payable and accrued expenses 18 18 19 597,146 529,867 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 26 777,439 757,456 **Total liabilities.** Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. Unrestricted net assets 6,531,448 27 5,964,411 27 164,051 214,451 28 28 146.522 146,522 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds Š 33 6,274,984 6,892,421

7,649,877

7,052,423

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,:	395,492
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,:	299,667
3	Revenue less expenses Subtract line 2 from line 1	3			95,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		6,2	274,984
5	Net unrealized gains (losses) on investments	5		ļ	521,612
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,8	892,421
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revia separate basis, consolidated basis, or both	ewed on	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	tht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a		No
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		3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493117004235

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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. ► See separate instructions.

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

Open to Public Inspection

OCI	III FUR	CLABORATORY AUTOMATION AND SCREENING		
			27-2620284	
	rt I	Reason for Public Charity Status (All organizations must complete this pa	-	
he	organı:	zation is not a private foundation because it is (For lines 1 through 11, check only one box	•	
1	ı	A church, convention of churches, or association of churches described in section 170(b)	(1)(A)(i).	
2	Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)		
3	\sqcap	N)(iii).		
4	\sqcap	A medical research organization operated in conjunction with a hospital described in secti	on 170(b)(1)(A)(iii). En	ter the
	_	hospital's name, city, and state		
5		An organization operated for the benefit of a college or university owned or operated by a c	jovernmental unit descri	bed in
		section 170(b)(1)(A)(iv). (Complete Part II)		
6	\vdash	A federal, state, or local government or governmental unit described in section 170(b)(1)((A)(v).	
7	Γ	An organization that normally receives a substantial part of its support from a government	al unit or from the gener	al public
	_	described in section 170(b)(1)(A)(vi). (Complete Part II)		
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)		
9	굣	An organization that normally receives (1) more than 331/3% of its support from contribut	ions, membership fees,	and gross
		receipts from activities related to its exempt functions—subject to certain exceptions, and	d (2) no more than 331/3°	∕o of
		its support from gross investment income and unrelated business taxable income (less se	ction 511 tax) from bus	nesses
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	III)	
10	Γ	An organization organized and operated exclusively to test for public safety. See section 5	609(a)(4).	
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated d Type	99(a)(2) See section 50 9 111h	9(a)(3). Check
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)		
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	, ,,	g organization,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?		
		(i) A person who directly or indirectly controls, either alone or together with persons desc	ribed in (ii)	Yes No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in the organizatio		the organization organization in col (i) of your col (i) organized governing support? in the U.S.?		organization in col (i) listed in in col (i) of your col (i) organization your governing support? organization col (i) organization in the U S		on in anized	(vii) A mount of monetary support
		instructions))	Yes	Yes No		No	Yes	No		
Total										

and (III) below, the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) A family member of a person described in (i) above?

11g(i)

11g(ii)

11g(iii)

	(Complete only if you of Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under
S	ection A. Public Support	rtion rans to qu	diriy dilaci tile	teoto notea per	ovy predoc con	ipiete i di c IIII)	
	endar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column	1					
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support						
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	in) ► A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated						
	business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activiti	es, etc (see inst	ructions)	<u> </u>	1	12	
13	First five years. If the Form 990 is this box and stop here						
14	ection C. Computation of Pub Public support percentage for 2013			11 column (f)		141	
15	Public support percentage for 2013	,		II, Column (1))		14	
				on line 12 and 1	ina 14 ia 32 iian/	or more, check t	hie hov
b	a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain						
b 18	Is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						
	instructions			. ,	,		▶ □

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

(Complete only if you checked the box on line 9 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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				20,000		20,000
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		4,840,582	4,405,997	3,888,682	3,892,231	17,027,492
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		4,840,582	4,405,997	3,908,682	3,892,231	17,047,492
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b					+	0
8	Public support (Subtract line 7c from line 6)						17,047,492
	ction B. Total Support				T		
Cuic	in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	A mounts from line 6		4,840,582	4,405,997	3,908,682	3,892,231	17,047,492
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		89,120	103,054	103,967	116,986	413,127
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b		89,120	103,054	103,967	116,986	413,127
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		218,300	331,551	220,327	274,119	1,044,297
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		10,042	46,729	26,077	4,000	86,848
13	Total support. (Add lines 9, 10c, 11, and 12)		5,158,044	4,887,331	4,259,053	4,287,336	18,591,764
14	First five years. If the Form 990 is to check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organı	zation, ► ✓
Se	ction C. Computation of Pub						
15 16	Public support percentage for 2013 Public support percentage from 201			13, column (f))		15	
				10		16	
<u>Se</u> 17	ction D. Computation of Investment income percentage for 2				n (f))	17	
18	Investment income percentage from				· · · · · · · · · · · · · · · · · · ·	18	
	33 1/3% support tests—2013. If the				line 15 is more th		ıne 17 ıs no <u>t</u>

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test							
Retu	Return Reference Explanation							
		Schodulo A / Form 000 o	000 E7) 201					

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493117004235

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

al Neverlue Service		Inspection
nme of the organization CIETY FOR LABORATORY AUTOMATION AND SCREENING		Employer identification number 27-2620284
Organizations Maintaining Do organization answered "Yes" to F	onor Advised Funds or Other Similar Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
	onor advisors in writing that the assets held in o t to the organization's exclusive legal control?	
	ors, and donor advisors in writing that grant fur r the benefit of the donor or donor advisor, or fo	
rt II Conservation Easements. Co	mplete if the organization answered "Yes	" to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held Preservation of land for public use (e.g., i) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organiza	recreation or education) Preservation of	f an historically important land area f a certified historic structure
easement on the last day of the tax year	tion held a qualified conservation contribution	in the form of a conservation
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation eas	sements	2b
Number of conservation easements on a cert	tified historic structure included in (a)	2c
Number of conservation easements included historic structure listed in the National Regis		2d
Number of conservation easements modified the tax year ▶	l, transferred, released, extinguished, or termin	ated by the organization during
Number of states where property subject to o	conservation easement is located 🛌	
Does the organization have a written policy renforcement of the conservation easements	regarding the periodic monitoring, inspection, h	andling of violations, and Yes No
Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation ea	sements during the year
A mount of expenses incurred in monitoring,	inspecting, and enforcing conservation easeme	ents during the year
Does each conservation easement reported and section 170(h)(4)(B)(II)?	on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	reports conservation easements in its revenue text of the footnote to the organization's financ on easements	
	ollections of Art, Historical Treasure wered "Yes" to Form 990, Part IV, line 8.	
If the organization elected, as permitted und works of art, historical treasures, or other si	ler SFAS 116 (ASC 958), not to report in its re milar assets held for public exhibition, education footnote to its financial statements that descr	venue statement and balance sheet on, or research in furtherance of public
	ler SFAS 116 (ASC 958), to report in its reven milar assets held for public exhibition, education ng to these items	
(i) Revenues included in Form 990, Part VII	II, line 1	▶ \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of	art, historical treasures, or other similar asset der SFAS 116 (ASC 958) relating to these itei	s for financial gain, provide the
Revenues included in Form 990, Part VIII, I	ine 1	► \$
Accets included in Form 990 Part V		b. #

Part	Organizations Maintaining Co	llections of Art	, His	tori	cal Tr	easu	res, or O	the	r Similar Asse	ts (con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck a	ny of t	he follo	owing that a	re a	significant use of	its	
а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how	v they	furthe	r the o	rganızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit									Yes	□ No
Par	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang		•						<u> </u>		1 140
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					tions o	r other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	/ing t	able		Г	- 1	Amoi	+	
С	Beginning balance						-	1c	Alliot	4111	
d	Additions during the year						-	1d			
e	Distributions during the year							1e			
f	Ending balance						-	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?				L		Г	Yes	
b	If "Yes," explain the arrangement in Part XII			natio	n hac	haan n	rovided in E	art '			
Pai	t V Endowment Funds. Complete										·
		(a)Current year		Prior y	ear)Four ye	ars back
1a	Beginning of year balance	310,573			267,045		267,236	5	207,809		
b	Contributions				20,000			_			
С	Net investment earnings, gains, and losses	70,400			43,528		-191	L	59,427		
d	Grants or scholarships										
e	Other expenditures for facilities and programs	20,000			20,000						
f	Administrative expenses	252.072			240 570		267.045		257.225		
g	End of year balance	360,973			310,573		267,045	<u>'</u>	267,236		
2	Provide the estimated percentage of the curi	rent year end balan	ce (lin	e 1g,	colum	n (a)) h	ield as				
а	Board designated or quasi-endowment										
b	Permanent endowment ► 40 590 %										
С	Temporarily restricted endowment ► 59 4 The percentages in lines 2a, 2b, and 2c shot	410 % uld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hat a	re helc	l and a	dmınıstered	for	the		
	organization by (i) unrelated organizations								3a(i)	Yes	No No
	(ii) related organizations				• •				3a(ii)		No
b	If "Yes" to 3a(II), are the related organization				ule R?	٠	· . · . · .	٠.	3b		
4	Describe in Part XIII the intended uses of th	ne organızatıon's en	dowme	ent fu	ınds						
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line :		the or	rgan	ızatıor	answ	ered 'Yes	' to	Form 990, Part	IV, lın	e
	Description of property	10.			Cost oi		(b)Cost or o		(c) Accumulated depreciation	(d) Boo	ok value
1a l	_and			+							
	Buildings										
	_easehold improvements						3	,868	1,859		2,009
d E	Equipment						30	,945	23,209		7,736
	Other	<u> </u>						,813	161,663		141,150
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colu	mn (E	3), line	10(c).)			🕨		150,895
		·		•					Schedule D (I	Form 99	

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Total (Column (h) must equal Form 000, Bart V, col. (B) Inc. 12.)	•		
Part VIII Investments—Program Related. C			orm 990 Part IV line 11c
See Form 990, Part X, line 13.	omplete il the organization	on answered les to re	orni 990, Parciv, iiile iic.
(a) Description of investment	(b) Book value	(c) Method of v	
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. Complete if the organizati	on answered 'Yes' to Form 99	0, Part IV, line 11d See	Form 990, Part X, line 15
(a) Desc	ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)		
Part X Other Liabilities. Complete if the org			line 11e or 11f. See
Form 990, Part X, line 25.		,,	-
1 (a) Description of liability	(b) Book value		
Federal income taxes			
		-	
]	
		_	
		†	
]	
		-	
		1	
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	to the text of the feetnate to t	ha organization's financia	I akakama we etc. Iti. I

Par		Revenue per Audited Financial Statements With Revenue pure wered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete If
1		er support per audited financial statements	1	4,917,104
2	· -	ut not on Form 990, Part VIII, line 12		, ,
a		tments		
b	-	facilities		
c		ts		
d	• • •)		
e	Add lines 2a through 2d	,	2e	521,612
3	•		3	4,395,492
4		90, Part VIII, line 12, but not on line 1	<u> </u>	1,000,102
a		luded on Form 990, Part VIII, line 7b . 4a		
b	·) 4b		
c		, , , , , , , , , , , , , , , , , , ,	4c	0
5		d 4c. (This must equal Form 990, Part I, line 12)	5	4,395,492
		Expenses per Audited Financial Statements With Expenses	_	
		nswered 'Yes' to Form 990, Part IV, line 12a.	- p	
1	Total expenses and losses pe	er audited financial statements	1	4,299,667
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25		
а	Donated services and use of	facilities		
b	Prior year adjustments			
c	Otherlosses			
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	4,299,667
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1:		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	 	4c	0
5	Total expenses Add lines 3 a	and 4c. (This must equal Form 990, Part I, line 18)	5	4,299,667
Par	Supplemental In	formation		
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
PART	V, LINE 4	THE ENDOWMENT CONSISTS SOLELY OF DONOR-RESTRICTED END PURPOSE OF PROVIDING SCHOLARSHIPS OR GRANTS TO INDIVID BIOMOLECULAR DISCOVERY		
PART	X, LINE 2	THE SOCIETY FOLLOWS THE REQUIREMENTS FOR ACCOUNTING FOR POSITIONS THE SOCIETY HAS DETERMINED THAT IT IS NOT REQUIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF JUNE SOCIETY WAS FORMED FROM THE MERGER OF THE ASSOCIATION AUTOMATION, INC (ALA) AND THE SOCIETY FOR BIOMOLECULAR EFFECTIVE JULY 1, 2010 THE FEDERAL AND STATE TAX RETURNS AND SBS FOR THE 2010, 2011, AND 2012 TAX YEARS, AS APPLICAL EXAMINATION BY THE IRS AND STATE TAXING AUTHORITIES, GEN YEARS AFTER THEY WERE FILED	UIREI 30, 20 FOR L SCIE FOR T BLE, A	D TO RECORD A 14 AND 2013 THE .ABORATORY NCES (SBS), HE SOCIETY, ALA, .RE SUBJECT TO

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

	e of the organization IETY FOR LABORATORY AUTON	AATION AND C	CDEENING		Employer ident	ification number
50 C	TETY FOR LABORATORY AUTOR	MATION AND S	CKEENING		27-2620284	
Pa	rt I General Information "Yes" to Form 990, Pai			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the o	rganization ma	aıntaın records	to substantiate the a	mount of its grants an	ıd
	other assistance, the grantee	es' eligibility fo	r the grants o	r assistance, and the	selection criteria used	
	to award the grants or assista	ance?				✓ Yes
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ng the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of	(f) Total expenditures for and investments in region
(1)	PACIFIC -	0	1	PROGRAM SERVICE	EDUCATIONAL CONFERENCE	50,743
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	1			50,743
Ŀ	Total from continuation sheets to Part I	0	0			C
•	Totals (add lines 3a and 3h)	l ol	1	l		50 743

					ited States. Comp duplicated if additior			to Form 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
					les by the foreign co (c)(3) equivalency l			
3 Enter total n	number of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	•	<u> </u>		•	•		•

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	V	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	V	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u>ح</u> ا	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 Form 8621)	Г	Yes	V	. No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	দ	. No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	V	. No

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 27-2620284

Name: SOCIETY FOR LABORATORY AUTOMATION AND

SCREENING

Schedule F (Form 990) 2013

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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(Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

DLN: 93493117004235

Inspection

Open to Public

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury

Company I Trafe amount is a second condition and Assistance

Attach to Form 990

Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization SOCIETY FOR LABORATORY AUTOMATION AND SCREENING

Employer identification number 27-2620284

		o Governments and recipient that receive					l "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UCLA SCHOOL OF DENTISTRY 405 HILGARD AVENUE LOS ANGELES,CA 90095	95-6006143	501(C)(3)	20,000		FM V		FUND UCLA FELLOWSHIP

(a)Type of grant or assistance

(b)Number of

(e)Method of valuation (book, (f)Description of non-cash assistance

I	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV,	line 22
_	Part III can be duplicated if additional space is needed.	,	

(d)A mount of

(c)A mount of

(a) Type of grant of assistance	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(T)Description of non-cash assistance
(1) AWARDS CONSISTING OF TRAVEL AWARDS TO STUDENTS AND PRESENTATION OF SCIENTIFIC POSTERS AT THE ANNUAL MEETING	78	221,526		BOOK VALUE	
Part IV Supplemental Informa	tion. Provide the infor	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.
Detum Defenses					

Return Reference Explanation

PART I, LINE 2

THE SLAS PAYS FOR TRAVEL AND LODGING COSTS OF STUDENTS WHO ARE PRESENTING AT THE ANNUAL CONFERENCE GRANTS AND AWARDS ARE FUNDED UPON COMPLETION OF A SPECIFIC REQUIREMENT AS DEFINED BY AN OVERSIGHT COMMITTEE NO GRANTS OR AWARDS ARE PRE-FUNDED

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DLN: 93493117004235

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

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

Inspection

Employer identification number Name of the organization SOCIETY FOR LABORATORY AUTOMATION AND SCREENING 27-2620284

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, 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 idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in 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	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
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			
	▼ Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in 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		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in 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		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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 in 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 are not 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

/ 								
(A) Name and Title		(B) Breakdown of (i) Base compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)GREGORY DRUMMER CEO	(i) (ii)	190,765 0	32,500 0	0	7,286 0	33,058 0	263,609 0	7,300 0
(2)BRENDA DRIER DIRECTOR OF GLOBAL EVENTS	(i) (ii)		12,500	0	4 ,779 0	28,429 0	152,691 0	0
(3)TOM MANNING DIRECTOR OF MARKETING COMMUNICATIONS	(i) (ii)	108,150	20,000	0	5,126 0	29,815 0	163,091	0

Schedule J (Form 990) 2013

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	HEALTH CLUB MEMBERSHIP DUES ARE INCLUDED AS PART OF THE EXECUTIVE DIRECTOR'S SALARY AND BENEFITS EXPENSE
· · · · · · · · · · · · · · · · · · ·	COMPENSATION FOR THE EXECUTIVE DIRECTOR 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 J (Form 990) 2013

OMB No 1545-0047

2013

Open to Public Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization SOCIETY FOR LABORATORY AUTOMATION AND SCREENING

Employer identification number

27-2620284

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	
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 11	THE FORM 990 PREPARER (ACCOUNTANT) REVIEWS THE FORM 990 FOR SLAS WITH THE DIRECTORS, OFFIC ERS AND EXECUTIVE DIRECTOR BEFORE IT IS FILED REVIEW OF THE FORM 990 WILL TAKE PLACE VIA A DULY CALLED (SPECIAL OR REGULAR) TELECONFERENCE MEETING A COPY OF THE FORM 990 PREPARED ON BEHALF OF SLAS SHALL BE PROVIDED TO THE DIRECTORS, OFFICERS AND EXECUTIVE DIRECTOR IN ADVANCE OF THE MEETING
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY OF SLAS REQUIRES THE DIRECTORS, OFFICERS AND COMMITTEE MEM BERS TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO A CONFLICT BY COMPLETING AN AN NUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS ESTABLISHED BY A COMPENSATION COMMITTEE MADE UP OF INDEPENDENT DIRECTORS COMPENSATION IS DETERMINED BASED UPON A REVIEW AND EVALUATION O F PERFORMANCE AND IS SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS SLAS DOES NOT HAVE ANY OTHER OFFICERS OR KEY EMPLOYEES THEREFORE, THE ISSUE OF WHETHER OR NOT THE COMPENSAT ION OF THAT GROUP IS APPROVED BY AN INDEPENDENT GROUP IS NOT APPLICABLE
FORM 990, PART VI, SECTION C, LINE 19	SLAS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS A VAILABLE TO MEMBERS THROUGH THEIR WEBSITE AND TO THE GENERAL PUBLIC UPON REQUEST
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICE EXPENSES 324,507 MANAGEMENT AND GENERAL EXPENSES 265,995 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 590,502
FORM 990, PART XII, LINE 2C	SLAS HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THERE WAS BEEN NO CHANGE IN ITS OVERSIGHT OR SEL ECTION PROCESS DURING THE TAX YEAR