# **PUBLIC DISCLOSURE COPY**

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## **ARMANINO**<sup>LLP</sup>

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			** PUBLIC DISCLOSU Short Fo	RE COF	Y *	*			OMB No. 1545-1150
For	" <b>9</b> (	90-EZ	Return of Organization Exer		om	Income	Tax	<b>(</b>	
1 011			Under section 501(c), 527, or 4947(a)(1) of the Internal	-					2017
					•	• •		1101137	
Den	ortmont	of the Treasury	Do not enter social security numbers on the social security	his form as	it may	be made pub	lic.		Open to Public
		enue Service	Go to www.irs.gov/Form990EZ for instruct	ctions and	he la	est informatio	on.		Inspection
			year, or tax year beginning		and e	nding			
B	Check if applicat	c Na	me of organization				D Empl	oyer ide	entification number
	Addr	ess change							
	Nam		VERMORE LAB FOUNDATION			1			67763
	Initia	riotani	ber and street (or P.O. box, if mail is not delivered to street addres			Room/suite	E Telep		
	termi	inated L L	11 FRANKLIN STREET, 7TH FLOOR or town, state or province, country, and ZIP or foreign postal code						87-9722
	=		AKLAND, CA 94607				F Grou	· .	ption
6		ation pending OA	X Cash Accrual Other (specify) ►					ber 🕨	if the organization is
		te: $\mathbf{N}/\mathbf{A}$							to attach Schedule B
			eck only one) $ \mathbf{X}$ 501(c)(3) $-$ 501(c) ( ) $\mathbf{\triangleleft}$ (insert	no) 40	47(a)(	1) or 527			990-EZ, or 990-PF).
			X     Corporation     Trust     Association	Other	<del>- / (α)</del> (		(1011	<u>11 330, t</u>	<u>550 LZ, 01 550 TT J.</u>
		-	b to line 9 to determine gross receipts. If gross receipts are \$200,		or if to	tal assets (Part I	l.		
							· .	▶ \$	5,733.
	art I	Revenue	, Expenses, and Changes in Net Assets or F	und Bala	nces	(see the instru	ctions f	or Part	l)
		Check if the o	organization used Schedule O to respond to any question in this P	art I					X
	1	Contributions,	gifts, grants, and similar amounts received					1	5,703.
	2	Program servic	e revenue including government fees and contracts					2	
	3	Membership du	ues and assessments					3	
	4		ome	1	CHE	DULE O		4	30.
	5a		from sale of assets other than inventory				_		
	b		ther basis and sales expenses				-	-	
	C C		rom sale of assets other than inventory (Subtract line 5b from line	5a)				5c	
	6	•	ndraising events						
Revenue	a		from gaming (attach Schedule G if greater than	6a					
Jeve	b		rom fundraising events (not including \$		ıtributi	ons			
			ng events reported on line 1) (attach Schedule G if the sum of such						
		-	and contributions exceeds \$15,000)	<u>6b</u>			_		
	C		penses from gaming and fundraising events				_		
	d		(loss) from gaming and fundraising events (add lines 6a and 6b ar		e 6c)			6d	
	7a		inventory, less returns and allowances				-		
	b c	Less: cost of ge	oods sold(loss) from sales of inventory (Subtract line 7b from line 7a)	7b				7c	
	8		(describe in Schedule O)					8	
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				••••	9	5,733.
	10	Grants and sim	ilar amounts paid (list in Schedule O)	SEE S	CHE	DULE O		10	8,600.
	11	Benefits paid to	o or for members				[	11	
S	12	Salaries, other	compensation, and employee benefits					12	
Expenses	13	Professional fe	es and other payments to independent contractors					13	3,252.
xpe	14	Occupancy, ren	it, utilities, and maintenance					14	
Ш	15	Printing, public	ations, postage, and shipping					15	
	16		(describe in Schedule O)				-	16	9,482.
	17		s. Add lines 10 through 16					17	21,334.
ţs	18		cit) for the year (Subtract line 17 from line 9)					18	-15,601.
Net Assets	19		und balances at beginning of year (from line 27, column (A))					10	02 106
ĭΑ	20		th end-of-year figure reported on prior year's return) in net assets or fund balances (explain in Schedule O)					<u>19</u> 20	92,496.
Re	20						⊢	20 21	76,895.
LH/			luction Act Notice, see the separate instructions.						Form <b>990-EZ</b> (2017)

_	1990-EZ (2017) LIVERMORE LAB FOUNDATION		5	31-2	25677	63 Page 2
Pa	<b>Int II</b> Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res					X
			(A) Beginning of year	<u> </u>	<b>(B)</b> E	nd of year
22	Cash, savings, and investments		97,496.			76,895.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)		0 - 10 6	24		
25	Total assets		97,496.			76,895.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE (	<u> </u>	5,000.			0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21		92,496.	27		76,895.
Pa	ITT III Statement of Program Service Accomplishme	•	•			(penses for section
	Check if the organization used Schedule O to res		n in this Part III			and 501(c)(4)
Wha	t is the organization's primary exempt purpose? <b>SEE SCHEDULE (</b>	5			organizatio	ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program er, describe the services provided, the number of persons benefited, and other relevant inform		. In a clear and concise	'	others.)	
	SEE SCHEDULE O			$\rightarrow$		
28	SEE SCHEDOLE O			-		
				-		
	(Grants \$ 8,600.) If this amount includes foreign	granta, chack hara		—  ,	28a	18,006.
29		grants, check here			204	10,000.
23				-		
				-		
	(Grants \$ ) If this amount includes foreign	grants, check here		—  ,	29a	
30		grants, check here			.54	
00				-		
				-		
	(Grants \$ ) If this amount includes foreign	grants, check here		—  ,	30a	
	(Grants \$ ) If this amount includes foreign				81a	
	Total program service expenses (add lines 28a through 31a)				32	18,006.
Pa						
	<b>irt IV</b>   List of Officers, Directors, Trustees, and Key E	Employees (list each one	even if not compensated - se	e the ins	structions for	r Part IV)
	ITT IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res			e the ins	structions for	r Part IV)
	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any questior	n in this Part IV	d) Heal	th benefits,	
	Check if the organization used Schedule O to res		(c) Reportable compensation (Forms W-2(1099-MISC)	(d) Heal contrib employ	th benefits, outions to ee benefit	r Part IV) (e) Estimated amount of other
		spond to any question (b) Average hours	(c) Reportable compensation (Forms W-2(1099-MISC)	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, outions to	(e) Estimated
	Check if the organization used Schedule O to res	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, outions to ee benefit nd deferred	(e) Estimated amount of other
DO	Check if the organization used Schedule O to res	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, outions to ee benefit nd deferred	(e) Estimated amount of other
	Check if the organization used Schedule O to res (a) Name and title NA CRAWFORD RECTOR, PRESIDENT, CHAIR	(b) Average hours per week devoted to position	n in this Part IV	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, outions to ee benefit nd deferred ensation	(e) Estimated amount of other compensation
DO DI GR	Check if the organization used Schedule O to res (a) Name and title NA CRAWFORD	(b) Average hours per week devoted to position	n in this Part IV	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, outions to ee benefit nd deferred ensation	(e) Estimated amount of other compensation 0 •
DO DI GR DI	Check if the organization used Schedule O to res (a) Name and title NA CRAWFORD RECTOR, PRESIDENT, CHAIR EG SUSKI	(b) Average hours per week devoted to position 4.00	n in this Part IV	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, utions to ee benefit ad deferred ensation 0 •	(e) Estimated amount of other compensation
DO DI GR DI KI	Check if the organization used Schedule O to res (a) Name and title NA CRAWFORD RECTOR, PRESIDENT, CHAIR EG SUSKI RECTOR, SECRETARY, TREAS	(b) Average hours per week devoted to position 4.00	n in this Part IV	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, utions to ee benefit ad deferred ensation 0 •	(e) Estimated amount of other compensation 0 •
	Check if the organization used Schedule O to res (a) Name and title NA CRAWFORD RECTOR, PRESIDENT, CHAIR EG SUSKI RECTOR, SECRETARY, TREAS MBERLY BUDIL	(b) Average hours per week devoted to position 4.00 4.00	n in this Part IV	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, uitions to ee benefit Id deferred ensation 0.	(e) Estimated amount of other compensation 0 . 0 .
DO DI GR DI KI JA	Check if the organization used Schedule O to res (a) Name and title NA CRAWFORD RECTOR, PRESIDENT, CHAIR EG SUSKI RECTOR, SECRETARY, TREAS MBERLY BUDIL RECTOR	(b) Average hours per week devoted to position 4.00 4.00	n in this Part IV	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, uitions to ee benefit Id deferred ensation 0.	(e) Estimated amount of other compensation 0 . 0 .
DO DI GR DI KI JA DI	Check if the organization used Schedule O to res (a) Name and title NA CRAWFORD RECTOR, PRESIDENT, CHAIR EG SUSKI RECTOR, SECRETARY, TREAS MBERLY BUDIL RECTOR MES KOONCE	spond to any question (b) Average hours per week devoted to position 4.00 4.00 2.00	n in this Part IV	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, utions to ee benefit d deferred ensation 0 • 0 •	(e) Estimated amount of other compensation 0 . 0 .
DOI GRINI DI GRINI DI ADI MI	Check if the organization used Schedule O to res (a) Name and title NA CRAWFORD RECTOR, PRESIDENT, CHAIR EG SUSKI RECTOR, SECRETARY, TREAS MBERLY BUDIL RECTOR MES KOONCE RECTOR	spond to any question (b) Average hours per week devoted to position 4.00 4.00 2.00	n in this Part IV	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, utions to ee benefit d deferred ensation 0 • 0 •	(e) Estimated amount of other compensation 0 . 0 .
	Check if the organization used Schedule O to res (a) Name and title NA CRAWFORD RECTOR, PRESIDENT, CHAIR EG SUSKI RECTOR, SECRETARY, TREAS MBERLY BUDIL RECTOR MES KOONCE RECTOR CHAEL CARTER	spond to any question (b) Average hours per week devoted to position 4.00 4.00 2.00 2.00	n in this Part IV	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, utions to ee benefit ad deferred ensation 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
	Check if the organization used Schedule O to res (a) Name and title NA CRAWFORD RECTOR, PRESIDENT, CHAIR EG SUSKI RECTOR, SECRETARY, TREAS MBERLY BUDIL RECTOR MES KOONCE RECTOR CHAEL CARTER RECTOR LLIAM GOLDSTEIN RECTOR	spond to any question (b) Average hours per week devoted to position 4.00 4.00 2.00 2.00	n in this Part IV	( <b>d</b> ) Heal contrib employ plans, ar	th benefits, utions to ee benefit ad deferred ensation 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
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Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		x
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax		,	<u> </u>
v	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
50	complete applicable parts of Schedule N	36		x
97 0	Enter amount of political expenditures, direct or indirect, as described in the instructions	- 30		
		37b		x
	Did the organization file Form 1120-POL for this year?	370		
30 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A	304		
		-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A			
a L				
		-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 $\triangleright$ 0 • : section 4912 $\triangleright$ 0 • : section 4955 $\triangleright$ 0 •			
	·			
D	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	401		x
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization <b>D</b>			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			v
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed $\blacktriangleright$ CA	7 0	7 2 2	
42 a	The organization's books are in care of $\blacktriangleright$ DONA CRAWFORD Telephone no. $\triangleright$ 510-98			
	Located at ► 1111 FRANKLIN ST., 7TH FLOOR, OAKLAND, CA ZIP+4 ► 9	400	/	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		162	
		42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Var	Ne
			Tes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		<b> </b>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-E	Z (2017) LIVERMORE LA	B FOUNDATION				81-	<u>25677</u>	63		Page <b>4</b>
							_		Yes	No
	ne organization engage, directly or indirectly									
If "Yes	s," complete Schedule C, Part I							46		Х
Part VI	Section 501(c)(3) organiza	tions only								
	All section 501(c)(3) organizations	-		-						
	Check if the organization used Sch	nedule O to respond to any	question in this	Part VI	<u></u>		<u></u>			
							_		Yes	No
47 Did th	ne organization engage in lobbying activities	s or have a section 501(h) elec	ction in effect durin	ng the tax ye	ear? If "Yes," com	plete Sch. C	, Part II	47		Х
48 Is the	organization a school as described in sect	ion 170(b)(1)(A)(ii)? If "Yes," o	complete Schedule	:Е				48		Х
	ne organization make any transfers to an ex							49a		Х
	s," was the related organization a section 52							49b		
	blete this table for the organization's five high							ch rec	eived r	nore
than §	\$100,000 of compensation from the organi	zation. If there is none, enter "I	None."							
	(a) Name and title of each em	ployee	(b) Average	e hours	(C) Reportabl		alth benefits,	(e	) Estim	ated
			per week dev		compensation (Fo W-2/1099-MIS	C) emplo	ibutions to yee benefit		ount of	
		NONE	positio	on		plans, a	and deferred pensation	CO	mpens	ation
			1							
								1		
			1							
			1							
			1							
			1							
			1							
f Total	number of other employees paid over \$100	000	· · · · · · · · · · · · · · · · · · ·		0			-		
	plete this table for the organization's five high			a aach racai			omnoncati	on fro	m tha	
-	nization. If there is none, enter "None."	NONE		JEACHTELET	veu more man ø	100,000 01 0	unpensati			
	<b>(a)</b> Name and business address of each ind			/h	) Type of service		(0) (	omno	nsatio	<u> </u>
(				(0			(0)0	ompo	1134110	
		· · · · · · · · · · · · · · · · · · ·								
	number of other independent contractors e	• · ·			🕨					0
	ne organization complete Schedule A? Note	e: All section 501(c)(3) organiz	zations must attach	ha				• 7	_	_
								ζ Ye		No
	alties of perjury, I declare that I have examir	· •					v knowledg	e and	belief,	it is
true, correc	ct, and complete. Declaration of preparer (o	ther than officer) is based on a	all information of w	vhich prepa	rer has any know	ledge.				
~.	Signature of officer					Date				
Sign						Date				
Here	DONA CRAWFORD, P	RESIDENT								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature		Date	Check		PTIN			
Paid						mployed				
Prepare	r KATY BROWN	KATY BROWN	ſ	05/08			P006			
Use On		LLP				s EIN 🕨 9	4-621	48	41	
	Firm's address ► 12657 AI	COSTA BLVD, S	TE. 500		Phon		5-790			
		N, CA 94583-4								
May the IRS	S discuss this return with the preparer show	•					🕨 🗴	X Ye	s	No

Form	990-EZ	(2017)
FUIII	990-EZ	(2017)

SCHED	ULE	ΕA
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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### **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
2017
Open to Public Inspection

T

Name of the	organization
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Nam	Name of the organization Employer identification number										
			RMORE LAB					8	1-2567763		
Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	3.			
The	organ	ization is not a private found	lation because it is: (F	or lines 1 through 12, c	heck only o	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	l)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	Illy receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersł	nip fees, an	d gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	1/3% of it	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section &	509(a)(3). (	Check the box in		
		lines 12a through 12d that	• •					-			
а		<b>Type I.</b> A supporting orga		-	• • •	-					
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting		
	_	organization. You must o	-								
b		<b>Type II.</b> A supporting org	-				-		-		
		control or management o			ame perso	ns that coi	ntrol or manag	ge the supp	oorted		
		organization(s). You mus	-						-1 24b		
с		J Type III functionally inte						ly integrate	a with,		
لم		its supported organization	.,.	•			-	tod organi-	ration(a)		
d								°.			
		that is not functionally int requirement (see instructi			•		-	anallenin	eness		
е		Check this box if the orga		-				II Type III			
C	L	functionally integrated, or					турс і, турс	n, rype m			
f	Ente	er the number of supported of			0 0						
a		vide the following information	•								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Tata											
<u>Tota</u>									1		

#### Schedule A (Form 990 or 990 EZ) 2017 LIVERMORE LAB FOUNDATION Part II

81-2567763 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	-		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")				100,000.	5,703.	105,703.	
2	Tax revenues levied for the organ-							
	ization'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				100,000.	5,703.	105,703.	
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,							
	, , ,							
6							105,703.	
	Public support. Subtract line 5 from line 4.						105,705.	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total	
		(d) 2013	<b>(b)</b> 2014	(0) 2015	100,000.	5,703.	105,703.	
	Amounts from line 4				100,000	5,705.	105,705.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,				10	20	4.0	
	and income from similar sources				12.	30.	42.	
9	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 VI.)							
11	Total support. Add lines 7 through 10						105,745.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	first, second, thi	rd, fourth, or fifth t	ax year as a sectior	n 501(c)(3)		
_	organization, check this box and stop	here					<b>X</b>	
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	%	
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test - 2017. If the c	organization did no	t check the box c	on line 13, and line	14 is 33 1/3% or m	ore, check this bo	and	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ו				
b	33 1/3% support test - 2016. If the c	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation				
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not					
	and if the organization meets the "fac	-						
	meets the "facts-and-circumstances"			-	-	-		
h	10% -facts-and-circumstances test	-	-					
~	more, and if the organization meets the	-						
	organization meets the "facts-and-circ							
18								
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990-EZ) 2017 LIVERMORE LAB FOUNDATION 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness 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						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	Amounts from line 6	(4) _0.0		(0) = 0 + 0	(0) = 0 + 0		(1) 10 mm
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) or	ganization,
	check this box and stop here						
See	ction C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2017 (li	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
18						18	%
<b>19</b> a	<b>33 1/3% support tests - 2017.</b> If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box an						
k	33 1/3% support tests - 2016. If the						/3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
-							

### Schedule A (Form 990 or 990-EZ) 2017 LIVERMORE LAB FOUNDATION

### 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Schedule A (Form 990 or 990-EZ) 2017 LIVERMORE LAB FOUNDATION Part IV Supporting Organizations (continued)

			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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
	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			
	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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		
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 year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	3b		

Part V	Type III Non-Functio	nally Integrate	d 509(	a)(3) Supporting (	Organizations
Schedule A	(Form 990 or 990-EZ) 2017	LIVERMORE	LAB	FOUNDATION	

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete 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		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
_				

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

Schedule A (Form 990 or 990-EZ) 2017

Part V

1

### Schedule A (Form 990 or 990-EZ) 2017 LIVERMORE LAB FOUNDATION

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		[	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
-	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 LIVERMORE LAB FOUNDATION	81-2567763 Pag	je <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Par Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also com	t II, line 10; Part II, line 17a or 17b; Part III, line 12; 1c; Part IV, Section B, lines 1 and 2; Part IV, Section C, , and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,	
	(See instructions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2017** 

Employer identification number

81-256	7763
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lame	of	the	organization	
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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

LIVERMORE LAB FOUNDATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

anno or organiz			
IVERMOR	RE LAB FOUNDATION	83	1-2567763
Part I C	contributors (see instructions). Use duplicate copies of Part I in	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Page 3

Employer identification number

81-2567763

### LIVERMORE LAB FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of orga	anization		Employer identification number
LIVERM	ORE LAB FOUNDATION		81-2567763
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of git nd ZIP + 4	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of git	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	 ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### 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.

**Open to Public** Inspection Employer identification number 81-2567763

LIVERMORE LAB FOUNDATION

### FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

INTEREST INCOME

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: LAWRENCE LIVERMORE NATIONAL LABORATORY

GRANTEE ADDRESS: 7000 EAST AVENUE LIVERMORE, CA 94550

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: CASH

METHOD USED TO DETERMINE FMV: CASH

BOOK VALUE OF PROPERTY: 8,600.

DATE OF GIFT: 12/31/17

AMOUNT GIVEN:

DESCRIPTION

8,600.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT :
ADVERTISING AND PROMOTION	4,056.
BANK FEES	77.
INSURANCE	1,671.
OFFICE EXPENSES	3,678.
TOTAL TO FORM 990-EZ, LINE 16	9,482.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

BEG. OF YEAR END OF YEAR



AMOUNT:

30.

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization LIVERMORE LAB FOUNDATION	Employer identification number 81-2567763

ACCOUNTS PAYABLE

5,000.

0.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ADVANCE FUNDAMENTAL

SCIENTIFIC KNOWLEDGE AND CREATE TRANSFORMATIVE TECHNOLOGIES TO ENHANCE

HUMAN HEALTH, SAFETY, AND QUALITY OF LIFE FOR CURRENT AND FUTURE

GENERATIONS. TO CARRY OUT THIS MISSION BY GENERATING SUPPORT FOR

SCIENTIFIC RESEARCH AND INNOVATION AT THE LAWRENCE LIVERMORE NATIONAL

LABORATORY AND OTHER INSTITUTIONS WHICH WOULD CARRY OUT THE CHARITABLE,

EDUCATIONAL, OR SCIENTIFIC PURPOSES OF THE FOUNDATION, INCLUDING

ACTIVITIES THAT ADVANCE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH

("STEM") EDUCATION IN THE LIVERMORE, CALIFORNIA COMMUNITY.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO ADVANCE FUNDAMENTAL

SCIENTIFIC KNOWLEDGE AND CREATE TRANSFORMATIVE

TECHNOLOGIES TO ENHANCE

HUMAN HEALTH, SAFETY, AND QUALITY OF LIFE FOR CURRENT AND FUTURE

GENERATIONS. TO CARRY OUT THIS MISSION BY GENERATING SUPPORT FOR

SCIENTIFIC RESEARCH AND INNOVATION AT THE LAWRENCE LIVERMORE NATIONAL

LABORATORY AND OTHER INSTITUTIONS WHICH WOULD CARRY OUT THE CHARITABLE,

EDUCATIONAL, OR SCIENTIFIC PURPOSES OF THE FOUNDATION, INCLUDING

ACTIVITIES THAT ADVANCE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH

("STEM") EDUCATION IN THE LIVERMORE, CALIFORNIA COMMUNITY.