

PUBLIC DISCLOSURE COPY

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Taxpayer identification number (TIN) 74-2853972
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1112 PLAZA DEL NORTE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ESPANOLA, NM 87532	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MIHAELA POPA-SIMIL

- The books are in the care of ▶ **1112 PLAZA DEL NORTE - ESPANOLA, NM 87532**
Telephone No. ▶ **(505) 753-8890** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LOS ALAMOS NATIONAL LABORATORY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1112 PLAZA DEL NORTE

City or town, state or province, country, and ZIP or foreign postal code
ESPANOLA, NM 87532

D Employer identification number
74-2853972

E Telephone number
(505) 753-8890

G Gross receipts \$ **6,153,995.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.LANLFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1997** **M** State of legal domicile: **NM**

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	OUR MISSION IS TO INSPIRE EXCELLENCE IN EDUCATION AND LEARNING IN NORTHERN NEW MEXICO.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	24
	6	Total number of volunteers (estimate if necessary)	6	75
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,201,170.	Current Year 2,131,361.
	9	Program service revenue (Part VIII, line 2g)	14,275.	5,942.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,865,649.	2,933,336.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,081,094.	5,070,639.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,620,754.	2,033,466.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,147,407.	2,422,701.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	167,528.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,833,220.	1,147,785.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,601,381.	5,603,952.
19	Revenue less expenses. Subtract line 18 from line 12	-520,287.	-533,313.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 94,475,218.	End of Year 104,415,996.
	21	Total liabilities (Part X, line 26)	1,489,429.	1,485,570.
	22	Net assets or fund balances. Subtract line 21 from line 20	92,985,789.	102,930,426.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Willard R. Wadt* Date: *11/11/2021*

WILLARD (R) WADT, TREASURER
Type or print name and title

Print/Type preparer's name: **PAMELA ALEXANDERSON** Preparer's signature: *PAMELA ALEXANDERSON* Date: **11/09/21** Check self-employed PTIN: **P01218925**

Firm's name: **MOSS ADAMS LLP** Firm's EIN: **91-0189318**

Firm's address: **6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110** Phone no.: **505-878-7200**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

LOS ALAMOS NATIONAL LABORATORY
FOUNDATION

Form 990 (2020)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**OUR MISSION IS TO INSPIRE EXCELLENCE IN EDUCATION AND LEARNING IN
NORTHERN NEW MEXICO THROUGH INNOVATIVE PROGRAMMING, COLLABORATION AND
ADVOCACY.**

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 2,801,502. including grants of \$ _____) (Revenue \$ 5,942.)
**K12 PROGRAM- OUR K-12 PROGRAM IS SUPPORTED BY AN ENDOWMENT THAT
SUPPORTS PUBLIC SCHOOL CHILDREN IN THE VICINITY SURROUNDING LOS ALAMOS
NATIONAL LABORATORY (LOS ALAMOS, MORA, RIO ARRIBA SAN MIGUEL, SANDOVAL,
SANTA FE, AND TAOS, COUNTIES). THE K12 PROGRAM FOCUSES ON FOUR PRIMARY
AREAS: GROWING AND SUPPORTING TEACHERS; WHOLE CHILD DEVELOPMENT (THE
SOCIAL AND EMOTIONAL WELL BEING OF OUR STUDENTS); ADVOCACY AND STEAM
EDUCATION. WITHIN STEAM EDUCATION, THE FOUNDATION RUNS AND ADMINISTERS
THE INQUIRY SCIENCE EDUCATION CONSORTIUM (ISEC). THROUGH ISEC WE
PROVIDE K-6TH GRADE WORLD-CLASS NEXT GENERATION SCIENCE STANDARD
SCIENCE CURRICULUM, MATERIALS AND QUALITY PROFESSIONAL DEVELOPMENT. IN
2020, THE ISEC PROGRAM HAD PARTNERSHIPS WITH 46 ELEMENTARY SCHOOLS
ACROSS 6 SCHOOL DISTRICTS AND 4 NORTHERN PUEBLOS, AND SERVED 600**

4b (Code: _____) (Expenses \$ 753,063. including grants of \$ 753,063.) (Revenue \$ _____)
**SCHOLARSHIPS - A VARIETY OF ACADEMIC SCHOLARSHIPS ARE PROVIDED TO
STUDENTS PURSUING UNDERGRADUATE DEGREES, CERTIFICATIONS, OR TRADES, AT
AN ACCREDITED INSTITUTION. OUR SCHOLARSHIPS ARE MERIT BASED BUT ACCOUNT
FOR STUDENT LEADERSHIP AND COMMUNITY SERVICE. EACH YEAR, THE FUNDING
FOR THESE SCHOLARSHIPS IS RAISED PRIMARILY FROM LOS ALAMOS NATIONAL
LABORATORY (LANL) EMPLOYEES, RETIREES AND CONTRACTORS. ALL OF THE
SCHOLARSHIP RECIPIENTS RESIDE IN ONE OF SEVEN NORTHERN NEW MEXICO
COUNTIES: LOS ALAMOS, MORA, RIO ARRIBA, SAN MIGUEL, SANDOVAL, SANTA
FE, AND TAOS.**

4c (Code: _____) (Expenses \$ 1,280,403. including grants of \$ 1,280,403.) (Revenue \$ _____)
**EARLY CHILDHOOD - THE LANL FOUNDATION INVESTS IN EARLY CHILDHOOD
STRATEGIES INCLUDING HOME VISITING PROGRAMS THAT PROVIDE EARLY
EDUCATION AND STRENGTHEN THE ROLE OF PARENTS AND CAREGIVERS AS THE
CHILD'S FIRST TEACHERS. WE ALSO WORK WITH THE EIGHT NORTHERN INDIAN
PUEBLO COUNCIL (ENIPC) AND EIGHT NORTHERN PUEBLOS WITH PROGRAMS AND
SYSTEMS TO SUPPORT YOUNG CHILDREN AND THEIR FAMILIES. WE CREATED THE
RIO ARRIBA COUNTY EARLY CHILDHOOD COLLABORATIVE TO ALIGN EFFORTS AROUND
EARLY CHILDHOOD IN RIO ARRIBA COUNTY AND WORK ON STATEWIDE EARLY
CHILDHOOD ADVOCACY.**

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **4,834,968.**

Form 990 (2020)

SEE SCHEDULE O FOR CONTINUATION(S)

LOS ALAMOS NATIONAL LABORATORY
FOUNDATION

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**LOS ALAMOS NATIONAL LABORATORY
FOUNDATION**

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	118
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		24
b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		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 on Schedule O.		
	1a		16
b	Enter the number of voting members included on line 1a, above, who are independent		16
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NM**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **MIHAELA POPA-SIMIL - (505) 753-8890**
1112 PLAZA DEL NORTE, ESPANOLA, NM 87532

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER PARKS PRESIDENT & CEO	40.00			X			211,806.	0.	27,833.	
(2) MIHAELA POPA-SIMIL VP OF FINANCE & OPERATIONS	40.00			X			139,837.	0.	42,735.	
(3) ANTHONY FOX VP OF INSTITUTIONAL ADVANCEMENT & SC	40.00				X		120,221.	0.	33,450.	
(4) ANNA MARIE GARCIA VP OF EARLY CHILDHOOD EDUCATION	40.00				X		109,107.	0.	34,922.	
(5) HERVEY JURIS PAST CHAIR - THRU NOVEMBER 2020	2.00	X		X			0.	0.	0.	
(6) ELMER TORRES CHAIR	2.00	X		X			0.	0.	0.	
(7) WILLARD (R) WADT TREASURER	2.00	X		X			0.	0.	0.	
(8) DENISE THRONAS SECRETARY - THRU JANUARY 2020	2.00	X		X			0.	0.	0.	
(9) NAN SAUER PAST CHAIR - THRU MAY 2020	2.00	X		X			0.	0.	0.	
(10) PATRICIA TRUJILLO SECRETARY	2.00	X		X			0.	0.	0.	
(11) KATHRYN HARRIS TIJERINA VICE CHAIR	2.00	X		X			0.	0.	0.	
(12) THOMAS MASON MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(13) TAMARA BATES MEMBER-AT-LARGE - THRU MAY 2020	1.00	X					0.	0.	0.	
(14) BILLIE BLAIR MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(15) ROBERT COOMBE MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(16) WILMER CHAVARRIA MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(17) GARY FALLE MEMBER-AT-LARGE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BARRY HERSKOWITZ MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(19) WAYNE KENNEDY MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(20) JEANNIE OAKES MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(21) BRENDA ROMERO MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(22) TANIA SANCHEZ MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(23) DENISE MONTOYA MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(24) NELLA DOMENICI MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
1b Subtotal							580,971.	0.	138,940.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							580,971.	0.	138,940.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,131,361.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 15,093.				
	h Total. Add lines 1a-1f		2,131,361.				
Program Service Revenue	2 a SCIENCE KIT REIMBURSEMENT	Business Code					
		900099	5,292.	5,292.			
	b ADMINISTRATION FEES	561499	650.	650.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		5,942.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		435,285.			435,285.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				3,581,407.			
	b Less: cost or other basis and sales expenses	7b	1,083,356.				
	c Gain or (loss)	7c	2,498,051.				
	d Net gain or (loss)		2,498,051.			2,498,051.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		5,070,639.	5,942.	0.	2,933,336.		

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,280,403.	1,280,403.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	753,063.	753,063.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	422,211.	326,872.	71,841.	23,498.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,500,464.	1,161,644.	255,311.	83,509.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	57,453.	44,479.	9,776.	3,198.
9 Other employee benefits	309,489.	239,603.	52,661.	17,225.
10 Payroll taxes	133,084.	103,032.	22,645.	7,407.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,813.		1,813.	
c Accounting	45,946.		45,946.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	463,062.	419,576.	34,040.	9,446.
12 Advertising and promotion	77,554.	51,967.	21,031.	4,556.
13 Office expenses	210,101.	197,108.	8,844.	4,149.
14 Information technology	1,280.	1,152.	100.	28.
15 Royalties				
16 Occupancy	120,484.	111,828.	5,880.	2,776.
17 Travel	15,937.	10,748.	4,744.	445.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,049.	17,837.	5,689.	1,523.
20 Interest	44,775.	35,133.	6,550.	3,092.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,444.	1,053.	35,391.	
23 Insurance	27,813.	21,823.	4,069.	1,921.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS	50,135.	39,339.	7,334.	3,462.
b PROFESSIONAL DEVELOPMEN	14,372.	8,919.	4,985.	468.
c MEMBERSHIP DUES	7,213.	4,833.	1,956.	424.
d REPAIRS & MAINTENANCE	5,807.	4,556.	850.	401.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,603,952.	4,834,968.	601,456.	167,528.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	345,575.	1	459,665.
	2 Savings and temporary cash investments	6,197,360.	2	7,051,966.
	3 Pledges and grants receivable, net	224,525.	3	104,577.
	4 Accounts receivable, net	91,003.	4	244,222.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	875.	9	857.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,122,960.		
	b Less: accumulated depreciation	10b 1,064,824.	10c	1,058,136.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	86,521,300.	12	95,496,573.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	94,475,218.	16	104,415,996.	
Liabilities	17 Accounts payable and accrued expenses	360,665.	17	355,161.
	18 Grants payable	224,493.	18	1,556.
	19 Deferred revenue		19	250,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	904,271.	23	878,853.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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 D		25	
	26 Total liabilities. Add lines 17 through 25	1,489,429.	26	1,485,570.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,359,659.	27	3,356,756.
	28 Net assets with donor restrictions	90,626,130.	28	99,573,670.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	92,985,789.	32	102,930,426.
	33 Total liabilities and net assets/fund balances	94,475,218.	33	104,415,996.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,070,639.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,603,952.
3	Revenue less expenses. Subtract line 2 from line 1	3	-533,313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92,985,789.
5	Net unrealized gains (losses) on investments	5	10,477,950.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	102,930,426.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	832,861.	1284675.	1415166.	2201170.	2131361.	7865233.
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	832,861.	1284675.	1415166.	2201170.	2131361.	7865233.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2636315.
6 Public support. Subtract line 5 from line 4.						5228918.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	832,861.	1284675.	1415166.	2201170.	2131361.	7865233.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	663,976.	665,853.	556,607.	484,271.	435,285.	2805992.
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						10671225.
12 Gross receipts from related activities, etc. (see instructions)					12	220,151.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	49.00 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	45.15 %
16a 33 1/3% support test - 2020. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a 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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. 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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

LOS ALAMOS NATIONAL LABORATORY

Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION

74-2853972 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

LOS ALAMOS NATIONAL LABORATORY

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

Horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury Internal Revenue Service

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

2020

Name of the organization

LOS ALAMOS NATIONAL LABORATORY FOUNDATION

Employer identification number

74-2853972

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the 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

[] 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

[X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 ... \$

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).

Name of organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>694,189.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>202,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>202,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>202,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

LOS ALAMOS NATIONAL LABORATORY

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	5,436,424.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,436,424.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	421,821.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	105,455.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	343,238.	351,465.	421,606.	421,821.	1,538,130.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,307,195.
c Total lobbying expenditures	206.		6,152.		6,358.
d Grassroots nontaxable amount	85,810.	87,866.	105,402.	105,455.	384,533.
e Grassroots ceiling amount (150% of line 2d, column (e))					576,800.
f Grassroots lobbying expenditures			6,152.		6,152.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (See instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION Employer identification number 74-2853972

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	87,548,869.	77,630,122.	81,315,442.	73,426,298.	72,299,136.
b Contributions	201,208.	373,975.	354,238.	218,146.	104,124.
c Net investment earnings, gains, and losses	10,952,183.	12,631,146.	-1,268,706.	11,142,213.	4,289,901.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,377,522.	3,086,374.	2,770,852.	3,471,215.	3,266,863.
f Administrative expenses					
g End of year balance	96,324,738.	87,548,869.	77,630,122.	81,315,442.	73,426,298.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- | | | |
|--|---------|---|
| a Board designated or quasi-endowment ▶ | .0000 | % |
| b Permanent endowment ▶ | 46.3980 | % |
| c Term endowment ▶ | 53.6020 | % |
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		165,711.		165,711.
b Buildings		1,308,813.	457,694.	851,119.
c Leasehold improvements		648,436.	607,130.	41,306.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,058,136.

**LOS ALAMOS NATIONAL LABORATORY
FOUNDATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ENDOWMENT POOL MANAGED BY		
(B) UNIV OF CALIFORNIA	95,496,573.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	95,496,573.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

LOS ALAMOS NATIONAL LABORATORY
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

EDUCATIONAL ENRICHMENT ENDOWMENT IS TO PROVIDE SUSTAINING EDUCATIONAL SUPPORT TO CHILDREN IN PUBLIC SCHOOLS IN THE SEVEN NM COUNTIES IN THE VICINITY OF LOS ALAMOS NATIONAL LABORATORY. THE REST OF THE ENDOWMENTS ALL PROVIDE COMPETITIVELY AWARDED SCHOLARSHIPS TO COLLEGE STUDENTS IN ONE - TO FOUR-YEAR COMMITMENTS.

PART X, LINE 2:

THE FOUNDATION HAS ADOPTED THE PROVISIONS OF ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION RECOGNIZES THE TAX (BENEFIT) EXPENSE FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX

Part XIII Supplemental Information (continued)

AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. ANY SUCH TAX (BENEFIT) EXPENSE IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2020 OR 2019. THE FOUNDATION FILES AN EXEMPT ORGANIZATION RETURN WITH THE INTERNAL REVENUE SERVICE (IRS). IT IS NOT A "PRIVATE FOUNDATION" FOR TAX PURPOSES. THE FOUNDATION HAD NO TAXABLE UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019. ACCORDINGLY, A PROVISION FOR INCOME TAXES HAS NOT BEEN ESTABLISHED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **LOS ALAMOS NATIONAL LABORATORY
FOUNDATION**

**Employer identification number
74-2853972**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102	85-0295444	501(C)3	5,000.	0.			EMERGENCY COVID RESPONSE FUNDS.
SANDOVAL COUNTY CASA INC, DBA CASA PARTNERS 4 NMKIDS, INC - PO BOX 44184 - RIO RANCHO, NM 87174	74-2846979	501(C)3	5,000.	0.			CHILD ADVOCATE TRAINING FOR CASA VOLUNTEERS
ESPANOLA PATHWAYS SHELTER 440 CERRILLOS ROAD, SUITE 4 SANTA FE, NM 87504	84-3477622	501(C)3	5,000.	0.			THE FILLING LITTLE GAPS PROJECT
ESPANOLA VALLEY FIBER ARTS CENTER 325 PASEO DE ONATE ESPANOLA, NM 87532	85-0442395	501(C)3	5,000.	0.			EMPOWERMENT THROUGH FIBER ART: SUPPORTING SELF-EXPRESSION IN ADULTS WITH DISABILITIES.
FAMILY LEARNING CENTER PO BOX 2123 ESPANOLA, NM 87532	85-0286126	501(C)3	5,000.	0.			ENHANCING PRESCHOOL DEVELOPMENT
HOMEWISE 1301 SILER ROAD, BUILDING D SANTA FE, NM 87507	85-0346325	501(C)3	5,000.	0.			FINANCIAL LITERACY EDUCATION TO HELP FAMILIES INCREASE FINANCIAL STABILITY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **92.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LOS ALAMOS NATIONAL LABORATORY
FOUNDATION

Schedule I (Form 990)

74-2853972

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KERES CHILDREN'S LEARNING CENTER P.O. BOX 113 COCHITI PUEBLO, NM 87072	45-4511408	501(C)3	5,000.	0.			2020 KCLC NATIVE LANGUAGE SYMPOSIUM
LAGUNA COMMUNITY FOUNDATION PO BOX 62 LAGUNA, NM 87026	46-0990639	501(C)3	5,000.	0.			EDUCATION TO EMPLOYMENT
LOCALOGY HC 81 BOX 41 QUESTA, NM 87556	26-2078285	501(C)3	5,000.	0.			QUESTA STORIES COMMUNITY MEMORY PROJECT: COLLECTION POINT AND ARCHIVE FOR STORIES, ORAL
LOS ALAMOS COMMUNITY FOUNDATION 1200 TRINITY DRIVE PO BOX 1225 LOS ALAMOS, NM 87544	35-2546420	501(C)3	5,000.	0.			EMERGENCY COVID RESPONSE FUNDS.
LOS ALAMOS COMMUNITY FOUNDATION 1200 TRINITY DRIVE PO BOX 1225 LOS ALAMOS, NM 87544	35-2546420	501(C)3	5,000.	0.			REQUEST FOR OPERATIONAL CAPACITY-BUILDING SUPPORT
MCCURDY SCHOOL OF NORTHERN NM DBA MCCURDY MINISTRIES COMMUNITY CENTER - 1200 TRINITY DRIVE - LOS ALAMOS, NM 87544	23-7138947	501(C)3	5,000.	0.			PROJECT CARINO MENTAL HEALTH SERVICES
NEW MEXICO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 1208 SAN PEDRO DR NE #258 - ALBUQUERQUE, NM 87110	51-0137970	501(C)3	5,000.	0.			TRAUMA INFORMED CARE PROFESSIONAL DEVELOPMENT FOR EARLY CHILDHOOD EDUCATORS
NEW MEXICO COMMUNITY FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505	85-0311210	501(C)3	5,000.	0.			EMERGENCY COVID RESPONSE FUNDS; NATIVE AMERICAN RELIEF FUND.
NORTH AMERICAN DIGITAL FABRICATION ALLIANCE - 3900 PASEO DEL SOL - SANTA FE, NM 87507	82-3999984	501(C)3	5,000.	0.			CREATING DIGITAL BADGE MICRO-CERTIFICATIONS TIED TO SUSTAINABILITY PROJECTS FOR NATIVE

Schedule I (Form 990)

LOS ALAMOS NATIONAL LABORATORY
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Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN YOUTH PROJECT P.O. BOX 1332 ABIQUIU, NM 87510	74-2813749	501(C)3	5,000.	0.			NORTHERN YOUTH PROJECT SUMMER PROGRAM; CONNECTING RURAL YOUTH TO NATURE AND COMMUNITY
OHKAY OWINGEH P.O. BOX 1269 OHKAY OWINGEH, NM 87566	85-0228951	115	5,000.	0.			OHKAY OWINGEH HIGHER EDUCATION PROGRAM
PUEBLO DE SAN ILDEFONSO 02 TUNYO PO SANTA FE, NM 87506	85-0257748	115	5,000.	0.			SUPPLIES FOR SUCCESS
RIO ARRIBA ADULT LITERACY PROGRAM P.O. BOX 1113 ESPANOLA, NM 87532	46-0616148	501(C)3	5,000.	0.			STRATEGIC PLAN AND WRAPAROUND SERVICES
RIO GRANDE COMMUNITY DEVELOPMENT CORPORATION - 318 ISLETA BLVD SW - ALBUQUERQUE, NM 87105	85-0348445	501(C)3	5,000.	0.			COOPERATIVE CATALYST OUTREACH & ECOSYSTEM DEVELOPMENT IN NORTHERN NEW MEXICO
ROADRUNNER FOOD BANK 5840 OFFICE BLVD NE ALBUQUERQUE, NM 87109	85-0278525	501(C)3	5,000.	0.			ROADRUNNER FOOD BANK'S CHILDHOOD HUNGER INITIATIVE (CHI)
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 TAOS, NM 87557	85-0404817	501(C)3	5,000.	0.			YOUTH WORKFORCE DEVELOPMENT TRAINING AND CONSERVATION PROGRAM
SAN MARTIN DE PORRES SOUP KITCHEN 216 STATE ROAD 399 ESPANOLA, NM 87532	85-0405040	501(C)3	5,000.	0.			SMDP SOUP KITCHEN COMMUNITY LEADERS EMERGENCY SERVICES FOR INDIGENT FAMILIES
SANTA CLARA PUEBLO PO BOX 580 ESPANOLA, NM 87532	85-0216550	115	5,000.	0.			MEMORIES OF SANTA CLARA CANYON

Schedule I (Form 990)

LOS ALAMOS NATIONAL LABORATORY
FOUNDATION

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA CLARA PUEBLO PO BOX 580 ESPANOLA, NM 87532	85-0216550	115	5,000.	0.			PUEBLOCONNECT TVWS INTERNET ACCESS
SANTA FE COMMUNITY COLLEGE FOUNDATION - 6401 RICHARDS AVE - SANTA FE, NM 87508	20-1594570	501(C)3	5,000.	0.			SANTA FE COMMUNITY COLLEGE FIRST BORN PROGRAM HOME VISITOR TRAINING
SANTA FE COMMUNITY FOUNDATION 501 HALONA ST SANTA FE, NM 87505	85-0303044	501(C)3	5,000.	0.			EMERGENCY COVID RESPONSE FUNDS.
SANTA FE FARMERS MARKET INSTITUTE 1607 PASEO DE PERALTA, SUITE A SANTA FE, NM 87501	30-0124953	501(C)3	5,000.	0.			IMPROVING NUTRITION & FOOD SECURITY THROUGH DOUBLE UP FOOD BUCKS
SANTA FE INDIAN SCHOOL 1501 CERRILLOS ROAD SANTA FE, NM 87502	85-0346497	115	5,000.	0.			EMERGENCY COVID RESPONSE FUNDS.
SANTA FE INDIGENOUS/INDIAN CENTER C/O FS: NEW MEXICO COMMUNITY FOUNDATION - 502 W. CORDOVA RD, STE 1 - SANTA FE, NM 87505	85-0311210	501(C)3	5,000.	0.			COVID EMERGENCY FINANCIAL ASSISTANCE
SANTA FE PUBLIC SCHOOLS 610 ALTA VISTA SANTA FE, NM 87505	85-6000169	115	5,000.	0.			SANTA FE PUBLIC SCHOOLS- PARENT ACADEMY
SANTA FE RECOVERY CENTER 5312 JAGUAR DRIVE SANTA FE, NM 87507	85-0216967	501(C)3	5,000.	0.			CIRCLE OF SECURITY PARENTING
SEARCHLIGHT NEW MEXICO NEWS 202 E. MARCY ST. SANTA FE, NM 87501	81-3234552	501(C)3	5,000.	0.			GENERAL OPERATIONS SUPPORT.

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SELF HELP, INC. 2390 NORTH RD LOS ALAMOS, NM 87544	85-0209449	501(C)3	5,000.	0.			SEED MONEY PROGRAM
TAOS COMMUNITY FOUNDATION PO BOX 1925 TAOS, NM 87571	85-0425147	501(C)3	5,000.	0.			EMERGENCY COVID RESPONSE FUNDS.
TAOS LAND TRUST PO BOX 376 TAOS, NM 87571	85-0373099	501(C)3	5,000.	0.			BUILDING RESILIENCY IN COMMUNITY: EMERGING YOUNG FARMER PROGRAM AT RIO FERNANDO PARK
THE INDIGENOUS KNOWLEDGE COLLECTIVE - 11 W GUTIERREZ #3704 - SANTA FE, NM 87506	84-4870893	501(C)3	5,000.	0.			SEWING INDIGENOUS EXISTENCE
THE PASEO PROJECT 630 PASEO DEL PUEBLO SUR, UNIT 100 TAOS, NM 87571	81-1852200	501(C)3	5,000.	0.			LEARN, EXPLORE & PLAY @ PASEO: 2020 STEAM EDUCATION PROGRAMMING
ACEQUIA AND AQUIFER WATER WATCHERS C/O FS: AMIGOS BRAVOS - P.O. BOX 238 - TAOS, NM 87571	85-0363268	501(C)3	5,000.	0.			PSA DROPLETS
BREAKTHROUGH SANTA FE C/O FS: SANTA FE PREPARATORY SCHOOL - 1101 CAMINO DE CRUZ BLANCA - SANTA FE, NM 87505	85-0165745	115	5,000.	0.			BREAKTHROUGH SANTA FE SUMMER PROGRAM
CLIMATE ADVOCATES VOCES UNIDAS (CAVU) - 518 OLD SANTA FE TRAIL, STE 1-405 - SANTA FE, NM 87505	20-3287015	501(C)3	5,000.	0.			CLIMATE INNOVATION CHALLENGE TEACHER SUMMER INSTITUTES
COLLEGE AND CAREER PLAZA 5313 CIRCITA DEL SUR SANTA FE, NM 87507	84-3961213	501(C)3	5,000.	0.			YOUR FUTURE FIRST: SUPPORTING THE DEVELOPMENT OF CAREER PATHWAYS IN HIGH SCHOOL

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COMMUNITIES IN SCHOOLS OF NEW MEXICO - 300 CATRON STREET, SUITE A - SANTA FE, NM 87501	85-0481104	501(C)3	5,000.	0.			CISNM ESPANOLA PUBLIC SCHOOLS SITE COORDINATOR PROGRAM
COMMUNITIES IN SCHOOLS OF NEW MEXICO - 300 CATRON STREET, SUITE A - SANTA FE, NM 87501	85-0481104	501(C)3	5,000.	0.			EMERGENCY COVID RESPONSE FUNDS.
COMMUNITY AGAINST VIOLENCE, INC. (CAV) - 945 SALAZAR ROAD - TAOS, NM 87571	85-0285504	501(C)3	5,000.	0.			SUPPORTING STUDENT LEARNING THROUGH VIOLENCE PREVENTION EDUCATION
COMPASSIONATE TOUCH NETWORK 1967 KIVA ROAD SANTA FE, NM 87505	45-4188899	501(C)3	5,000.	0.			BREAKING THE SILENCE NEW MEXICO SPEAKS UP ABOUT MENTAL HEALTH, MENTAL ILLNESS AND SUICIDE
CORONADO BUSINESS PROFESSIONALS OF AMERICA (BPA) - PO BOX 230 - GALLINA, NM 87017	85-0170973	501(C)3	5,000.	0.			EXPANDING HORIZONS
EMBUDO VALLEY LIBRARY AND COMMUNITY CENTER - PO BOX 310 - DIXON, NM 87527	85-0314391	501(C)3	5,000.	0.			STEM AND ROBOTICS EDUCATION AT EMBUDO VALLEY LIBRARY
EMBUDO VALLEY TUTORING ASSOCIATION PO BOX 267 DIXON, NM 87527	47-0935180	501(C)3	5,000.	0.			ACADEMIC SUPPORT FOR VELARDE ELEMENTARY'S HIGH RISK STUDENTS IN FY 2020-2021
GERARD'S HOUSE P.O. BOX 28693 SANTA FE, NM 87592	74-2834283	501(C)3	5,000.	0.			INTERACTIVE GRIEF EDUCATION SESSIONS IN SCHOOLS TO HELP STUDENTS UNDERSTAND GRIEF/LOSS,
IMPACT PERSONAL SAFETY DBA RESOLVE PO BOX 8350 SANTA FE, NM 87504	85-0475597	501(C)3	5,000.	0.			PROJECT PREPARE: KEEPING OUR CHILDREN SAFE

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NMC INC DBA NEW MEXICO CONSORTIUM 4200 WEST JEMEZ ROAD SUITE 301 LOS ALAMOS, NM 87544	26-0370262	501(C)3	5,000.	0.			2020 SUMMER PHYSICS CAMP FOR YOUNG WOMEN IN NORTHERN NM
POJOAQUE VALLEY SCHOOL DISTRICT 1574 STATE ROAD 502 WEST SANTA FE, NM 87506	85-0166355	115	5,000.	0.			MINDSET MATH SUMMER PROGRAM
PUEBLO DE SAN ILDEFONSO 02 TUNYO PO SANTA FE, NM 87506	85-0257748	115	5,000.	0.			PUEBLO DE SAN ILDEFONSO 2020 SUMMER EDUCATION ENHANCEMENT PROGRAM
SANTA FE COUNCIL ON INTERNATIONAL RELATIONS - 413 GRANT AVE., SUITE D - SANTA FE, NM 87501	85-0196904	501(C)3	5,000.	0.			MEDIA LITERACY EDUCATION IN NORTHERN NEW MEXICO HIGH SCHOOLS
SANTA FE PUBLIC SCHOOLS 610 ALTA VISTA SANTA FE, NM 87505	85-6000169	115	5,000.	0.			THE VOLUNTEER PROGRAM FOCUSES ON SUPPORTING VOLUNTEERS WITHIN THE CLASSROOM, OVERCOMING
SANTA FE SYMPHONY ORCHESTRA & CHORUS, INC. - PO BOX 9692 - SANTA FE, NM 87504	85-0331684	501(C)3	5,000.	0.			WILD SYMPHONY- AN EDUCATIONAL PROGRAM THAT EXPLORES THE INTERSECTION OF LITERACY AND MUSIC
SITE SANTA FE 1606 PASEO DE PERALTA SANTA FE, NM 87501	85-0413922	501(C)3	5,000.	0.			OUTTA SITE
SOCIETY OF THE MUSE OF THE SOUTHWEST (SOMOS) - PO BOX 3225 - TAOS, NM 87571	85-0309964	501(C)3	5,000.	0.			SOMOS YOUNG WRITERS PROGRAM
STEM SANTA FE P.O. BOX 33103 SANTA FE, NM 87593	82-2358192	501(C)3	5,000.	0.			STEM PATHWAYS FOR GIRLS CONFERENCE

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SUPERCOMPUTING CHALLENGE C/O FS: NMC INC - 4200 WEST JEMEZ ROAD SUITE 301 - LOS ALAMOS, NM 87544	26-0370262	501(C)3	5,000.	0.			BUILDING TEACHER CAPACITY IN DATA SCIENCE & CYBERSECURITY
TAOS JOY OF READING C/O FS: LIONS CLUB OF TAOS INC - PO BOX 199 - TAOS, NM 87571	74-2843887	501(C)3	5,000.	0.			TAOS JOY OF READING LITERACY PROGRAM.
TONY E. QUINTANA ELEMENTARY SCHOOL 405 HUNTER STREET ESPANOLA, NM 87532	85-6000289	115	5,000.	0.			THE WHOLE CHILD RESOURCE PROJECT.
TRUCHAS SERVICES CENTER PO BOX 330 TRUCHAS, NM 87578	23-7319699	501(C)3	5,000.	0.			SUMMER SCIENCE AND ARTS PROGRAM
ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102	85-0295444	501(C)3	10,000.	0.			NM COUNTS INITIATIVE
AUDUBON NEW MEXICO PO BOX 9314 SANTA FE, NM 87504	13-1624102	501(C)3	20,000.	0.			CREATION OF LIFE SCIENCE KITS FOR USE IN REMOTE LEARNING AND CLASSROOM ENVIONMENTS FOR 3RD
BRIDGES PROJECT FOR EDUCATION P.O. BOX 308 TAOS, NM 87571	85-0448942	501(C)3	20,000.	0.			GENERAL OPERATIONS SUPPORT
COLLEGE AND CAREER PLAZA 5313 CIRCITA DEL SUR SANTA FE, NM 87507	84-3961213	501(C)3	20,000.	0.			GENERAL OPERATIONS SUPPORT
COMMUNITIES IN SCHOOLS OF NEW MEXICO - 300 CATRON STREET, SUITE A - SANTA FE, NM 87501	85-0481104	501(C)3	20,000.	0.			COMMUNITIES IN SCHOOLS OF NEW MEXICO; GENERAL OPERATIONS SUPPORT CISNM REQUESTS \$20,000 TO

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMPUTER SCIENCE ALLIANCE 137 E. SANTA FE AVE SANTA FE, NM 87505	83-2745227	501(C)3	20,000.	0.			COMPUTER SCIENCE EDUCATION SYMPOSIUM
EMBUDO VALLEY TUTORING ASSOCIATION PO BOX 267 DIXON, NM 87527	47-0935180	501(C)3	20,000.	0.			MENTORING PROGRAM TO GUIDE 4-12 GRADE STUDENTS DURING COVID 19 PARTIAL OR FULL SCHOOL CLOSURES
ESPANOLA PUBLIC SCHOOLS 1111 EL LLANO RD ESPANOLA, NM 87532	85-6000289	115	23,000.	0.			MINDSET MATH PROGRAM AT CARLOS VIGIL MIDDLE SCHOOL.
ESPANOLA VALLEY HIGH SCHOOL PO DRAWER 2160 ESPANOLA, NM 87532	85-6000289	115	20,000.	0.			ESPAOLA VALLEY HIGH SCHOOL CAREER PATHWAY PLANNING AND PRE-REQUISITES
KERES CHILDREN'S LEARNING CENTER P.O. BOX 113 COCHITI PUEBLO, NM 87072	45-4511408	115	20,000.	0.			GENERAL OPERATIONS SUPPORT
LAS CUMBRES COMMUNITY SERVICES 102 N. CORONADO AVE. ESPANOLA, NM 87532	23-7144268	501(C)3	20,000.	0.			SANTUARIO DEL CORAZON PROGRAM
LOS ALAMOS PUBLIC SCHOOLS 2075 TRINITY DRIVE LOS ALAMOS, NM 87544	85-6000673	115	20,000.	0.			CREATING SAFE, POSITIVE, AND INCLUSIVE LEARNING ENVIRONMENTS
NEW MEXICO APPLESEED 222 E. MARCY ST. SUITE 20 SANTA FE, NM 87501	20-4985257	501(C)3	300,000.	0.			EDUCATION STIPENDS
NM MESA, INC 1015 TIJERAS AVE. NW STE #200 ALBUQUERQUE, NM 87102	85-0371954	501(C)3	20,000.	0.			NEW MEXICO MESA PROGRAM SUPPORT FOR PROFESSIONAL DEVELOPMENT, MENTOR OPPORTUNITIES, COLLEGE

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POJOAQUE VALLEY MIDDLE SCHOOL 1797 B STATE ROAD 502 SANTA FE, NM 87506	85-0166355	115	10,000.	0.			GENERAL OPERATIONS SUPPORT
PUEBLO OF JEMEZ 5117 HIGHWAY 4, PO BOX 60 JEMEZ PUEBLO, NM 87124	85-0213473		10,000.	0.			YOUTH ADVOCACY TRAINING AND LEADERSHIP DEVELOPMENT PROGRAMMING
MOUNTAIN CLOUD ZEN CENTER C/O FS: RIO GRANDE MINDFULNESS INSTITUTE - 7241 OLD SANTA FE TRAIL - SANTA FE, NM 87505	85-0319580	501(C)3	12,000.	0.			PROFESSIONAL DEVELOPMENT RETREATS FOCUSED ON MINDFULNESS EDUCATION FOR TEACHERS.
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 TAOS, NM 87557	85-0404817	501(C)3	20,000.	0.			GENERAL OPERATIONS SUPPORT.
SANTA FE BOTANICAL GARDEN P.O. BOX 23343 SANTA FE, NM 87502	85-0366754	501(C)3	21,000.	0.			SANTA FE OUTDOOR EDUCATORS COLLABORATIVE; AUDUBON NM, SFWA, AND SFBG WILL WORK WITH
SANTA FE CHILDREN'S MUSEUM 1050 OLD PECOS TRAIL SANTA FE, NM 87505	85-0335070	501(C)3	20,000.	0.			GENERAL OPERATIONS SUPPORT
STEM ARTS LAB C/O FS: SCIART SANTA FE - 1111 SOUTH PLATA CIRCLE - SANTA FE, NM 87501	83-4487101	501(C)3	10,750.	0.			STEMARTS LAB: INSPIRING PASSIONATE LEARNING THROUGH SC-ART IMMERSIVE EXPERIENCES
STEM SANTA FE PO BOX 33103 SANTA FE, NM 87594	82-2358193	501(C)3	25,000.	0.			OPERATIONAL GRANT TO SUPPORT FOUR OF STEM SANTA FE PROGRAMS; \$8,000
TEACH FOR AMERICA, INC 1498 FREEDOM DRIVE GALLUP, NM 87301	13-3541913	501(C)3	20,000.	0.			GENERAL OPERATIONS SUPPORT

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THE UNIVERSITY OF NEW MEXICO 1700 LOMAS NE SUITE 2200 ALBUQUERQUE, NM 87131-0001	85-6000642	115	20,000.	0.			UNM COEHS POLLEN PROGRAM: SUPPORTING ASPIRING NATIVE SERVING SCHOOL PRINCIPALS
THE UNIVERSITY OF NEW MEXICO - TAOS EDUCATION AND CAREER CENTER - 1157 COUNTY RD 110 - RANCHOS DE TAOS, NM 87557	85-6000642	115	20,000.	0.			TAOS EDUCATION AND CAREER CENTER: PROJECT FUNDING-PROFESSIONAL DEVELOPMENT IN SEL FOR
TRUE KIDS 1 PO BOX 2301 RANCHOS DE TAOS, NM 87557	27-1939161	501(C)3	15,000.	0.			TRUE KIDS 1 GENERAL OPERATIONS SUMMER TRANSITION
UNITED WAY OF CENTRAL NEW MEXICO PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501(C)3	20,000.	0.			YOUTH OUTCOMES OF A CO-CREATED, CULTURALLY-INFORMED COLLEGE AND CAREER
YOUTHWORKS 1000 CORDOVA PL, #415 SANTA FE, NM 87505	85-0480524	501(C)3	20,000.	0.			GENERAL OPERATIONS SUPPORT.
GIRLS INC OF SANTA FE 301 HILLSIDE AVE. SANTA FE, NM 87501	85-0129250	501(C)3	20,000.	0.			GENERAL OPERATIONS SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	152	753,063.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS AWARDED TO INDIVIDUALS INCLUDE SCHOLARSHIPS THROUGH THE SCHOLARSHIP PROGRAM AS WELL AS AWARDS TO TEACHERS. THE SCHOLARSHIP CHECK IS WRITTEN ON THE UNIVERSITY/COLLEGE NAME WITH INFORMATION ON THE MEMO SO THEY CAN IDENTIFY THE STUDENT AND IT COVERS TUITION. THE TEACHER AWARD CHECK IS WRITTEN ON TEACHERS' NAME, AND THEY ALSO RECEIVE FORM 1099 FOR THE FISCAL YEAR WHEN THEY RECEIVE THE CHECK.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LOCALOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: QUESTA STORIES COMMUNITY MEMORY

PROJECT: COLLECTION POINT AND ARCHIVE FOR STORIES, ORAL HISTORIES,
CONVERSATIONS, IMAGES AND ARTIFACTS

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH AMERICAN DIGITAL FABRICATION ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATING DIGITAL BADGE

MICRO-CERTIFICATIONS TIED TO SUSTAINABILITY PROJECTS FOR NATIVE STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: COMPASSIONATE TOUCH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: BREAKING THE SILENCE NEW MEXICO

SPEAKS UP ABOUT MENTAL HEALTH, MENTAL ILLNESS AND SUICIDE PREVENTION IN
MIDDLE/HIGH SCHOOL CLASSROOMS

NAME OF ORGANIZATION OR GOVERNMENT: GERARD'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERACTIVE GRIEF EDUCATION SESSIONS

IN SCHOOLS TO HELP STUDENTS UNDERSTAND GRIEF/LOSS, COPE WITH GRIEF IN
HEALTHY WAYS AND SUPPORT GRIEVING PEERS.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA FE PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE VOLUNTEER PROGRAM FOCUSES ON

SUPPORTING VOLUNTEERS WITHIN THE CLASSROOM, OVERCOMING CULTURAL BARRIERS,
AND IMPACTING STUDENT ACHIEVEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: AUDUBON NEW MEXICO

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATION OF LIFE SCIENCE KITS FOR

USE IN REMOTE LEARNING AND CLASSROOM ENVIONMENTS FOR 3RD THROUGH 5TH

Part IV Supplemental Information

GRADE TEACHERS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS OF NEW MEXICO

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITIES IN SCHOOLS OF NEW MEXICO; GENERAL OPERATIONS SUPPORT

CISNM REQUESTS \$20,000 TO SUPPORT OUR COMMUNITY SCHOOL SITE COORDINATION PROGRAM CURRENTLY WORKING IN ELEVEN TITLE ONE PUBLIC SCHOOLS IN SANTA FE.

NAME OF ORGANIZATION OR GOVERNMENT: NM MESA, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW MEXICO MESA PROGRAM SUPPORT FOR PROFESSIONAL DEVELOPMENT, MENTOR OPPORTUNITIES, COLLEGE AND CAREER READINESS PROGRAM, AND STEAM ENRICHMENT.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA FE BOTANICAL GARDEN

(H) PURPOSE OF GRANT OR ASSISTANCE: SANTA FE OUTDOOR EDUCATORS COLLABORATIVE;

AUDUBON NM, SFWA, AND SFBG WILL WORK WITH TEACHERS TO IMPROVE 3RD-5TH LIFE SCIENCE CURRICULUM BASED ON THE LOCAL ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT: STEM SANTA FE

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATIONAL GRANT TO SUPPORT FOUR OF STEM SANTA FE PROGRAMS;

\$8,000 SUPPORT/COORDINATION OF STEM SCAFFOLD SANTA FE PROGRAM AT CAPITAL HIGH SCHOOL

\$3,500 ONE DAY CONFERENCE FOR GIRLS (MAKES LANL FOUNDATION A GOLD SPONSOR)

\$3,500 JRMF IN ESPANOLA - A NEW PROGRAM! (MAKES LANL FOUNDATION A GOLD SPONSOR)

Part IV Supplemental Information

\$10,000 SUMMER CAMP FOR GIRLS ON APP DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

THE UNIVERSITY OF NEW MEXICO - TAOS EDUCATION AND CAREER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TAOS EDUCATION AND CAREER CENTER:

PROJECT FUNDING-PROFESSIONAL DEVELOPMENT IN SEL FOR THE ADULTS IN
CHILDREN'S LIVES ACROSS TAOS - AREA

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF CENTRAL NEW MEXICO

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH OUTCOMES OF A CO-CREATED,

CULTURALLY-INFORMED COLLEGE AND CAREER READINESS PROGRAM

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **LOS ALAMOS NATIONAL LABORATORY FOUNDATION** Employer identification number **74-2853972**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2020

LOS ALAMOS NATIONAL LABORATORY
FOUNDATION

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER PARKS PRESIDENT & CEO	(i)	209,539.	2,267.	0.	10,810.	17,023.	239,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MIHAELA POPA-SIMIL VP OF FINANCE & OPERATIONS	(i)	137,410.	2,427.	0.	7,428.	35,307.	182,572.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANTHONY FOX VP OF INSTITUTIONAL ADVANCEMENT & SC	(i)	117,794.	2,427.	0.	6,352.	27,098.	153,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 7:

THE ORGANIZATION AWARDS BONUSSES FOR MEETING COMPANY GOALS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

LOS ALAMOS NATIONAL LABORATORY
FOUNDATION

Employer identification number

74-2853972

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TEACHERS AND 11,000 STUDENTS. ADDITIONALLY, THE LANL FOUNDATION AWARDED
A TOTAL OF \$1,197,500 THROUGH 112 GRANTS TO NON-PROFITS, SCHOOLS, AND
TRIBAL COMMUNITIES IN OUR REGION. THE TOTAL OF \$956,750 WAS IN SUPPORT
OF K-12 SPECIFIC INITIATIVES WHILE \$210,000 WAS AWARDED IN UNRESTRICTED
GRANTS TO FUND COMMUNITY-BASED PROJECTS SUPPORTING LIFELONG LEARNERS OF
ALL AGES. WE SEEK OUT AND LEVERAGE ADDITIONAL FUNDING WITH OTHER
COMMUNITY PARTNERS ALLOWING US TO GIVE AN ADDITIONAL \$30,750 TOWARDS
GROWING AND SUPPORTING TEACHERS, AND COLLEGE AND CAREER PATHWAYS
INITIATIVES.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE CAN MAKE DECISIONS ON BEHALF OF THE FULL BOARD.
HOWEVER, THESE DECISIONS ARE RATIFIED BY THE FULL BOARD AT ITS MEETING
FOLLOWING THE MEETING WHEN THE EXECUTIVE COMMITTEE ORIGINALLY DECIDED.

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS HAVE BEEN CHANGED: NEW COMMITTEES CREATED, INCLUDING SUBCOMMITTEES;
TITLES FOR PRESIDENT/VICE PRESIDENT WERE CHANGED TO CHAIR/VICE CHAIR AS
WELL AS CEO TITLE HAS BEEN CHANGED, FROM CEO TO PRESIDENT & CEO. A NEW
BOARD MEMBER'S NOMINATION PROCESS HAS BEEN ESTABLISHED.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT IS SENT BY EMAIL TO ALL BOARD MEMBERS FOR THEIR INFORMATION AND
REVIEW. BASED ON RECOMMENDATIONS FROM THE FINANCE COMMITTEE AND ANY INPUT
FROM OTHER BOARD MEMBERS, THE BOARD APPROVES THE FORM 990 PRIOR TO FILING

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization **LOS ALAMOS NATIONAL LABORATORY
FOUNDATION**

Employer identification number
74-2853972

AND THE TREASURER IS AUTHORIZED TO SIGN IT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

**AN ANNUAL REVIEW IS MADE BY THE BOARD OF THE CONFLICT OF INTEREST POLICY,
AND MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST IF THEY
ARISE DURING THE YEAR. A MEMBER WITH A CONFLICT WILL RECUSE HIM/HERSELF
FROM VOTING.**

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

**IN CONSULTATION WITH THE PRESIDENT & CEO, THE EXECUTIVE COMMITTEE WILL
ESTABLISH ANNUAL PERFORMANCE GOALS FOR THE PRESIDENT & CEO. THE EXECUTIVE
COMMITTEE WILL EVALUATE THE ANNUAL PERFORMANCE OF THE PRESIDENT & CEO. THE
EXECUTIVE COMMITTEE WILL REVIEW THE PRESIDENT & CEO'S PERFORMANCE
SELF-ASSESSMENT AND PROVIDE INPUT TO THE CHAIR, WHO WILL DEVELOP THE ANNUAL
PERFORMANCE EVALUATION. RESULTS OF THE PERFORMANCE EVALUATION WILL BE USED
BY THE EXECUTIVE COMMITTEE TO SET ANNUAL COMPENSATION, INCLUDING SALARY AND
BONUS CONSIDERATIONS.**

**THE EXECUTIVE COMMITTEE WILL REVIEW OUTSIDE DATA FOR COMPARABLE SALARY AND
COMPENSATION IN THE FIELD AND REGION WHEN CONSIDERING SALARY RAISES AND/OR
BONUSES.**

FORM 990, PART VI, SECTION C, LINE 19:

**THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE
ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON
REQUEST.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **LOS ALAMOS NATIONAL LABORATORY FOUNDATION** Employer identification number **74-2853972**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BUILDING EQUITY LLC - 20-8699677 1112 PLAZA DEL NORTE ESPANOLA, NM 87532	OPERATE BUILDING OCCUPIED BY FOUNDATION	NEW MEXICO	0.	1,075,473.	LANL FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

**LOS ALAMOS NATIONAL LABORATORY
FOUNDATION**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Taxpayer identification number (TIN) 74-2853972
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1112 PLAZA DEL NORTE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ESPANOLA, NM 87532	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MIHAELA POPA-SIMIL

- The books are in the care of ▶ **1112 PLAZA DEL NORTE - ESPANOLA, NM 87532**
Telephone No. ▶ **(505) 753-8890** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) LOS ALAMOS NATIONAL LABORATORY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1112 PLAZA DEL NORTE</p> <p>City or town, state or province, country, and ZIP or foreign postal code ESPANOLA, NM 87532</p> <p>C Book value of all assets at end of year ▶ 104,415,996.</p>	<p>D Employer identification number 74-2853972</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
---	------------------------------	--	--

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **MIHAELA POPA-SIMIL** Telephone number ▶ **(505) 753-8890**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$		
4a Did the organization change its method of accounting? (see instructions)			X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	11/11/2021 Date	TREASURER Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	PAMELA ALEXANDERSON	PAMELA ALEXANDERSON	11/09/21	PTIN P01218925
Firm's name			Firm's EIN	
MOSS ADAMS LLP			91-0189318	
Firm's address			Phone no.	
6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110			505-878-7200	

FOOTNOTES

STATEMENT 1

THERE IS NO UBI TO REPORT FOR LOS ALAMOS NATIONAL LABORATORY FOUNDATION. AN EXTENSION WAS FILED PROVISIONALLY PENDING THE PREPARATION OF THE RETURN.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	B Employer identification number 74-2853972
C Unrelated business activity code (see instructions) ▶ 531190	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **NO UNRELATED BUSINESS (SEE FOOTNOTE)**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				1
2 Salaries and wages				2
3 Repairs and maintenance				3
4 Bad debts				4
5 Interest (attach statement) (see instructions)				5
6 Taxes and licenses				6
7 Depreciation (attach Form 4562) (see instructions)		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)				14
15 Total deductions. Add lines 1 through 14				15 0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16 0.
17 Deduction for net operating loss (see instructions)				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Grid for gross income, deductions, and average acquisition debt. Row 6: Percentage calculation. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information input.