

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 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	D Employer identification number 74-2853972
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1112 PLAZA DEL NORTE	E Telephone number (505) 753-8890
	City or town, state or province, country, and ZIP or foreign postal code ESPANOLA, NM 87532	G Gross receipts \$ 11,531,597.
	F Name and address of principal officer: DR. GWEN PEREA WARNIMENT SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	H(c) Group exemption number
J Website: WWW.LANLFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	L Year of formation: 1997 M State of legal domicile: NM	

Part I Summary		Prior Year	Current Year
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 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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	90
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-5,115.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,621,705.	4,167,986.
	9 Program service revenue (Part VIII, line 2g)	10,958.	33,829.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,641,064.	5,395,479.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,160.	-5,276.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,257,567.	9,592,018.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,337,279.	1,958,525.
	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)	2,975,981.	3,664,522.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 219,777.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,730,373.	2,411,372.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,043,633.	8,034,419.
19 Revenue less expenses. Subtract line 18 from line 12	1,213,934.	1,557,599.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 105,424,350.	End of Year 112,868,750.
	21 Total liabilities (Part X, line 26)	2,050,097.	1,947,787.
	22 Net assets or fund balances. Subtract line 21 from line 20	103,374,253.	110,920,963.

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. All information is based on all information of which preparer has any knowledge.	
Sign Here	Signed by: <u>WILLARD R. WADT</u> (other than officer) is based on all information of which preparer has any knowledge. Date: 11/11/2024 Signature: <u>WILLARD R. WADT, TREASURER</u> Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name: STEPHEN LIVINGSTON Preparer's signature: STEPHEN LIVINGSTON Date: 11/11/24 Check if self-employed: <input type="checkbox"/> PTIN: P00317845 Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749 Firm's address: 6501 AMERICAS PARKWAY NE, SUITE 500 ALBUQUERQUE, NM 87110 Phone no.: 505-842-8290

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 \$ 4,946,232. including grants of \$ 1,170,500.) (Revenue \$ 33,829.)
K12 PROGRAM - SEE SCHEDULE O.

4b (Code:) (Expenses \$ 960,633. including grants of \$ 788,025.) (Revenue \$ 0.)
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 \$ 975,944. including grants of \$ 0.) (Revenue \$ 0.)
EARLY CHILDHOOD PROGRAM - THE PURPOSE IS TO ENHANCE AND STRENGTHEN THE
PHYSICAL, MENTAL, SOCIAL AND EMOTIONAL WELL-BEING OF CHILDREN, FAMILIES
AND COMMUNITIES THROUGH ADVOCACY, COLLABORATION AND EDUCATION WITH THE
OVERARCHING LENS OF JUSTICE, EQUITY, INCLUSION, DIVERSITY AND
BELONGING. BY BUILDING EARLY CHILDHOOD SYSTEMS IN NORTHERN NM THAT ARE
SUSTAINABLE TO REDUCE THE NUMBER OF FAMILIES AND CHILDREN WHO ARE
EXPERIENCING TRAUMA (TOXIC STRESS) AND ENSURE CHILDREN HAVE EQUITABLE
ACCESS TO THE OPPORTUNITIES THEY NEED FOR HEALTHY WELL-BEING,
EDUCATION, AND DEVELOPMENT.

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

4e Total program service expenses 6,882,809.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. Marked 'X' in Yes/No columns.

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>	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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the 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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		42
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
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?		
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.		
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? <i>If "No," provide an explanation on Schedule O</i>		
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 the instructions and file Form 4720, Schedule N.		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.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
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?		
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 on 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 on Schedule O how this was done	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 on 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?		

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				237,054.	0.	34,435.
(2) MIHAELA POPA-SIMIL VP OF FINANCE & OPERATIONS	40.00			X				159,054.	0.	51,730.
(3) ALVIN WARREN VP OF CAREER PATHWAYS	40.00					X		148,004.	0.	51,063.
(4) ANTHONY FOX VP OF INST ADV & SCHOLARSHIP	40.00					X		134,619.	0.	42,191.
(5) ANNA MARIE GARCIA VP OF EARLY CHILDHOOD ED	40.00					X		134,257.	0.	25,596.
(6) MICHAEL DABRIEO EDUCATION ENRICHMENT DIR	40.00					X		103,991.	0.	27,333.
(7) KATHRYN HARRIS TIJERINA CHAIR	2.00	X		X				0.	0.	0.
(8) DENISE MONTOYA VICE CHAIR	2.00	X		X				0.	0.	0.
(9) TANIA SANCHEZ SECRETARY	2.00	X		X				0.	0.	0.
(10) WILLARD R. WADT TREASURER (TERM END 5/23)	2.00	X		X				0.	0.	0.
(11) WAYNE KENNEDY TREAS BEG 5/23	2.00	X		X				0.	0.	0.
(12) ELMER TORRES IMMEDIATE PAST CHAIR	2.00	X						0.	0.	0.
(13) ROBERT COOMBE MEMBER-AT-LARGE (TERM END 5/23)	1.00	X						0.	0.	0.
(14) MARTHA ACOSTA MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(15) DENISE BALDERAS MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(16) WILMER CHAVARRIA MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(17) MADELINE NARANJO MEMBER-AT-LARGE BEG 5/23	1.00	X						0.	0.	0.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NELLA DOMENICI MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(19) BARRY HERSKOWITZ MEMBER-AT-LARGE (TERM END 5/23)	1.00	X						0.	0.	0.
(20) THOMAS MASON MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(21) MIKE PHELAN MEMBER-AT-LARGE BEG 5/23	1.00	X						0.	0.	0.
(22) DENISE RAMONAS MEMBER-AT-LARGE BEG 5/23	1.00	X						0.	0.	0.
(23) NANCY RODRIGUEZ MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(24) BRENDA ROMERO MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(25) NAN SAUER MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(26) ANA TILTON MEMBER-AT-LARGE BEG 5/23	1.00	X						0.	0.	0.
1b Subtotal								916,979.	0.	232,348.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								916,979.	0.	232,348.

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 6

	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	NONE	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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	244,150.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,923,836.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 31,620.				
	h Total. Add lines 1a-1f			4,167,986.			
Program Service Revenue	2 a ADMINISTRATION FEES	Business Code					
		900099	33,829.	33,829.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			33,829.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,630,768.			1,630,768.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
			36,180.				
	b Less: rental expenses ...	6b	41,456.				
	c Rental income or (loss)	6c	-5,276.				
	d Net rental income or (loss)			-5,276.	-5,115.	-161.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			5,662,834.				
	b Less: cost or other basis and sales expenses	7b	1,898,123.				
	c Gain or (loss)	7c	3,764,711.				
d Net gain or (loss)			3,764,711.		3,764,711.		
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			9,592,018.	33,829.	-5,115.	5,395,318.	

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 X

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 ...	1,170,500.	1,170,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	788,025.	788,025.		
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	482,273.	256,313.	212,385.	13,575.
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	2,409,265.	2,010,292.	268,651.	130,322.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,276.	76,831.	8,433.	5,012.
9 Other employee benefits	481,991.	407,295.	48,061.	26,635.
10 Payroll taxes	200,717.	159,397.	31,148.	10,172.
11 Fees for services (nonemployees):				
a Management				
b Legal	22,222.		22,222.	
c Accounting	57,506.		57,506.	
d Lobbying	6,104.		6,104.	
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.)	1,123,181.	1,057,311.	61,002.	4,868.
12 Advertising and promotion	245,236.	164,734.	72,393.	8,109.
13 Office expenses	341,103.	198,139.	123,958.	19,006.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	118,593.	104,963.	11,552.	2,078.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,533.	7,659.	49,874.	
23 Insurance				
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 OPERATIONS	432,547.	432,547.		
b STEM CHALLENGE	48,803.	48,803.		
c RENT EXP TO PART VIII	-41,456.		-41,456.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	8,034,419.	6,882,809.	931,833.	219,777.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	1,165,604.	1	317,939.
	2 Savings and temporary cash investments	933,224.	2	1,351,349.
	3 Pledges and grants receivable, net	1,244,342.	3	1,396,784.
	4 Accounts receivable, net		4	
	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	20,135.
	9 Prepaid expenses and deferred charges	5,711.	9	5,711.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,773,702.		
	b Less: accumulated depreciation	10b 1,113,728.	1,700,999.	10c 1,659,974.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	100,311,470.	12	108,099,589.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	63,000.	15	17,269.
16 Total assets. Add lines 1 through 15 (must equal line 33)	105,424,350.	16	112,868,750.	
Liabilities	17 Accounts payable and accrued expenses	700,985.	17	755,166.
	18 Grants payable	32,500.	18	30,000.
	19 Deferred revenue	11,400.	19	
	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	1,242,212.	23	1,145,352.
	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	63,000.	25	17,269.
	26 Total liabilities. Add lines 17 through 25	2,050,097.	26	1,947,787.
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	2,249,510.	27	3,493,911.
	28 Net assets with donor restrictions	101,124,743.	28	107,427,052.
	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	103,374,253.	32	110,920,963.
33 Total liabilities and net assets/fund balances	105,424,350.	33	112,868,750.	

Form 990 (2023)

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	9,592,018.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,034,419.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,557,599.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	103,374,253.
5	Net unrealized gains (losses) on investments	5	5,989,111.
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	110,920,963.

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 on 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
b 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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,201,170.	2,131,361.	2,585,345.	4,621,705.	4,167,986.	15,707,567.
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	2,201,170.	2,131,361.	2,585,345.	4,621,705.	4,167,986.	15,707,567.
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)						3,904,965.
6 Public support. Subtract line 5 from line 4.						11,802,602.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2,201,170.	2,131,361.	2,585,345.	4,621,705.	4,167,986.	15,707,567.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	484,271.	435,285.	712,287.	400,214.	1,631,877.	3,663,934.
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						19,371,501.
12 Gross receipts from related activities, etc. (see instructions)					12	78,957.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	60.93	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	59.70	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)...

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 on 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 on 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).		

Schedule A (Form 990) 2023

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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 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

- 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), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

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
1	_____ _____ _____	\$ 725,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 244,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 233,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 233,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 233,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 200,000.	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
--	---

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
7	_____ _____ _____	\$ _____ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 105,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ _____ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input 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
--	---

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
--	--

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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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.

Table with 2 columns: Name of organization (LOS ALAMOS NATIONAL LABORATORY FOUNDATION) and Employer identification number (74-2853972)

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2023

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)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	6,104.													
c Total lobbying expenditures (add lines 1a and 1b)	6,104.													
d Other exempt purpose expenditures	6,876,705.													
e Total exempt purpose expenditures (add lines 1c and 1d)	6,882,809.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	494,140.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)	123,535.													
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	421,821.	496,299.	492,070.	494,140.	1,904,330.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,856,495.
c Total lobbying expenditures		3,035.	4,742.	6,104.	13,881.
d Grassroots nontaxable amount	105,455.	124,075.	123,018.	123,535.	476,083.
e Grassroots ceiling amount (150% of line 2d, column (e))					714,125.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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 questions about dues, lobbying expenditures, and carryover.

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 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, table for 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and monitoring expenses.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a (text of footnote), 1b (amounts for art collection), and 2 (amounts for financial gain).

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

Schedule D (Form 990) 2023

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 UNIV OF		
(B) CALIFORNIA	108,099,589.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	108,099,589.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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) LEASE LIABILITY	17,269.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	17,269.

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 ...

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	15,622,585.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,989,111.
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	5,989,111.
3	Subtract line 2e from line 1	3	9,633,474.
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	-41,456.
c	Add lines 4a and 4b	4c	-41,456.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,592,018.

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	8,075,875.
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	41,456.
e	Add lines 2a through 2d	2e	41,456.
3	Subtract line 2e from line 1	3	8,034,419.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,034,419.

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, 2023 OR

2022. 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, 2023 AND 2022. ACCORDINGLY, A PROVISION FOR INCOME

TAXES HAS NOT BEEN ESTABLISHED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL

STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE -41,456.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE 41,456.

**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

2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE GOLDEN APPLE FOUNDATION FOR EXCELLENCE IN TEACHING - 901 W. JACKSON BLVD. SUITE 205 - CHICAGO, IL 60607	36-3392992	501(C)(3)	75,000.	0.			ESTABLISH A PIPELINE OF EDUCATORS IN NEW MEXICO, INCLUDING NORTHERN NEW MEXICO. FUNDS TO SUPPORT
ASSISTANCE DOGS OF THE WEST PO BOX 31027 SANTA FE, NM 87594	85-0431646	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; ASSISTANCE DOGS OF THE WEST EMPLOYS PROFESSIONAL TRAINERS WHO
BRIDGES PROJECT FOR EDUCATION PO BOX 308 TAOS, NM 87571	85-0448942	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; PROGRAMMING TO SUPPORT THE NEEDS OF ALL STUDENTS OF ALL AGES,
CHAMA VALLEY ARTS PO BOX 95 CHAMA, NM 87520	88-1180381	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; CHAMA VALLEY ARTS PROVIDES ARTS PROGRAMS FOR COMMUNITY
CLIMATE ADVOCATES VOCES UNIDAS 518 OLD SANTA FE TRAIL, STE 1-405 SANTA FE, NM 87505	20-3287015	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; CAVU'S EDUCATIONAL PROGRAMMING AND VISUAL STORYTELLING
COLLEGE AND CAREER PLAZA 5313 CIRCITA DEL SUR SANTA FE, NM 87507-4922	84-3961213	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; COLLEGE AND CAREER PLAZA OFFERS CULTURALLY AND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **44.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INC. OF SANTA FE 301 HILLSIDE AVE. SANTA FE, NM 87501	85-0129250	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; GIRLS INC. OF SANTA FE INSPIRES GIRLS TO BE STRONG, THROUGH
KERES CHIDREN'S LEARNING CENTER P.O. BOX 113 COCHITI PUEBLO, NM 87072	45-4511408	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; KERES CHILDREN'S LEARNING CENTER (KCLC) STRIVES TO
MATHAMIGOS; FISCAL SPONSOR: PARTNERS IN EDUCATION FOUNDATION FOR THE SANTA FE PU - PO BOX 23374 - SANTA FE, NM 87506	85-0392417	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; MATHAMIGOS IS A NEW MEXICO REGISTERED NON-PROFIT OF VOLUNTEER
MORA INDEPENDENT SCHOOLS PO BOX 179 MORA, NM 87732	85-6000233	115	25,000.	0.			GENERAL OPERATIONS SUPPORT; FUNDING SUPPORTS TRANSPORTATION AND FEES FOR THE EDUCATIONAL
MOVING ARTS ESPANOLA INC. PO BOX 505 VELARDE, NM 87582	45-2459893	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; MOVING ARTS ESPANOLA (MAE) PROVIDES HIGH QUALITY, AFFORDABLE
NATIONAL AUDUBON SOCIETY (AKA AUDUBON SOUTHWEST) - 1800 UPPER CANYON ROAD - SANTA FE, NM 87501	13-1624102	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; SUPPORTING THE SANTA FE OUTDOOR EDUCATION COLLABORATION
NEW MEXICO SUICIDE INTERVENTION (AKA THE SKY CENTER/NEW MEXICO SUICIDE INTERVENT - PO BOX 6004 - SANTA FE, NM 87502	85-0427990	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; THE SKY CENTER/NMSIP'S MISSION IS TO MEET THE CHALLENGE OF
PAJARITO ENVIRONMENTAL EDUCATION CENTER - 2600 CANYON RD - LOS ALAMOS, NM 87544	85-0478101	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; PEEC S K-12 ENVIRONMENTAL EDUCATION PROGRAMMING PROVIDES
PUEBLO OF JEMEZ 139- F BEAR CANYON ROAD JEMEZ PUEBLO, NM 87048	85-0213473	115	25,000.	0.			GENERAL OPERATIONS SUPPORT; SUPPORTING K12 PROGRAMMING IN COLLEGE AND CAREER READINESS AND

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUEBLO OF POJOAQUE 2 PETROGLYPH CIRCLE SANTA FE, NM 87506	85-0219423	115	25,000.	0.			GENERAL OPERATIONS SUPPORT; THE PUEBLO OF POJOAQUE TEWA LANGUAGE DEPARTMENT PROVIDES
PUEBLO OF SANTA ANA 02 DOVE RD. BERNALILLO, NM 87004	85-0217024	115	25,000.	0.			GENERAL OPERATIONS SUPPORT; SUPPORTING PROGRAMMING THAT INCORPORATES ADVOCATING,
PUEBLO OF TESUQUE 20 TP828 SANTA FE, NM 87506	85-0225120	115	25,000.	0.			GENERAL OPERATIONS SUPPORT; THE PUEBLO OF TESUQUE WILL PROVIDE TEWA LANGUAGE CLASSES TO HIGH
SANTA FE MOUNTAIN CENTER PO BOX 449 TESUQUE, NM 87574	85-0272388	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; THE MOUNTAIN CENTER (TMC) IS A NATIONALLY RECOGNIZED AND
SANTA FE PREPARATORY SCHOOL 1101 CAMINO CRUZ BLANCA SANTA FE, NM 87505	85-0165745	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; SPECIFICALLY FOR THE RURAL OPPORTUNITIES FOR COLLEGE ACCESS, OR
SILVER BULLET PRODUCTIONS 38 CALLE VENTOSO W SANTA FE, NM 87506	30-0275618	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; SILVER BULLET PRODUCTIONS IS A NON PROFIT EDUCATIONAL FILM
SOCIAL EMOTIONAL LEARNING ALLIANCE FOR NEW MEXICO - 50 PAW A SUKI RD - EL PRADO, NM 87529	87-3566334	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; SEL4NM IS AN ALLIANCE OF NEW MEXICANS CONNECTING, PROMOTING,
STEMARTS LAB PO BOX 298 EL PRADO, NM 87529	85-0798517	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; STEMARTS LAB EMPOWERS YOUTH THROUGH ART, SCIENCE AND
THE FAMILY YMCA 1450 IRIS STREET LOS ALAMOS, NM 87544	85-0130054	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; SPECIFICALLY SUPPORTING OPERATIONS OF THE ESPANOLA YMCA TEEN

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SANTA FE CENTER FOR TRANSFORMATIONAL SCHOOL LEADERSHIP; FISCAL SPONSOR: PART - PO BOX 23374 - SANTA FE, NM 87507	85-0392417	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; THE CENTER FOR TRANSFORMING EDUCATION BUILDS THE CAPACITY OF
THRIVE COMMUNITY SCHOOL FOUNDATION 7300 OLD SANTA FE TRAIL SANTA FE, NM 87505	88-2759623	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; THRIVE COMMUNITY SCHOOL IS A DIVERSE AND AFFIRMING K-8 LEARNING
TRUE KIDS 1 PO BOX 2940 TAOS, NM 87571	27-1939161	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; TK1'S MISSION IS TO INSPIRE K-12 STUDENTS TO CREATE, COMMUNICATE,
TWIRL INC. 225 CAMINO DE LA PLACITA TAOS, NM 87571	47-2505890	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; TWIRL PROVIDES OPPORTUNITIES FOR PLAY-BASED STEAM LEARNING
YOUTHWORKS, INC. 1000 CORDOVA PLACE #415 SANTA FE, NM 87505-1884	85-0480524	501(C)(3)	25,000.	0.			GENERAL OPERATIONS SUPPORT; YOUTHWORKS PROGRAMS ARE STRUCTURED TO AID OPPORTUNITY YOUTH
NEW MEXICO MESA INC PO BOX 21477 ALBUQUERQUE, NM 87154	85-0371954	501(C)3	25,000.	0.			GENERAL OPERATIONS SUPPORT; SUPPORTING K12 STEM PROGRAMMING IN NOTHERN NEW MEXICO.
UNIVERSITY OF NEW MEXICO 1157 CO RD 110 RANCHOS DE TAOS, NM 87557	85-6000642	115	25,000.	0.			HIRING A WORK BASED LEARNING COORDINATOR, SARAH HOLTZCLAW OF CLAW CONSULTING, TO SUPPORT
WEST LAS VEGAS PUBLIC SCHOOLS 179 BRIDGE STREET LAS VEGAS, NM 87701-3495	85-6000076	115	25,000.	0.			GENERAL OPERATIONS SUPPORT TO STRENGTHEN WEST LAS VEGAS HIGH SCHOOL'S TECHNOLOGY
LAS VEGAS CITY SCHOOLS 901 DOUGLAS AVENUE LAS VEGAS, NM 87701	85-6000150	115	15,000.	0.			FIRE RELIEF & RECOVERY GRANT - SOCIAL EMOTIONAL LEARNING SUPPORT FOR STUDENTS AND EDUCATORS.

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAS VEGAS CITY SCHOOLS 901 DOUGLAS AVENUE LAS VEGAS, NM 87701	85-6000150	115	15,000.	0.			FIRE RELIEF & RECOVERY GRANT - SOCIAL EMOTIONAL LEARNING SUPPORT FOR STUDENTS AND EDUCATORS.
MORA INDEPENDENT SCHOOL DISTRICT 10 RANGER ROAD, PO BOX 179 MORA, NM 87732	85-6000233	115	15,000.	0.			FIRE RELIEF & RECOVERY GRANT - SOCIAL EMOTIONAL LEARNING SUPPORT FOR STUDENTS AND EDUCATORS.
PEASCO INDEPENDENT SCHOOL DISTRICT PO BOX 520 13 SCHOOL ROAD PENASCO, NM 87553	85-6000425	115	15,000.	0.			FIRE RELIEF & RECOVERY GRANT - SOCIAL EMOTIONAL LEARNING SUPPORT FOR STUDENTS AND EDUCATORS.
PUEBLO OF JEMEZ 139-F BEAR CANYON ROAD JEMEZ PUEBLO, NM 87024	85-0213473	115	15,000.	0.			FIRE RELIEF & RECOVERY GRANT - SOCIAL EMOTIONAL LEARNING SUPPORT FOR STUDENTS AND EDUCATORS.
WEST LAS VEGAS PUBLIC SCHOOLS 179 BRIDGE STREET LAS VEGAS, NM 87701	85-6000076	115	15,000.	0.			FIRE RELIEF & RECOVERY GRANT - SOCIAL EMOTIONAL LEARNING SUPPORT FOR STUDENTS AND EDUCATORS.
BERNALILLO PUBLIC SCHOOLS 560 S. CAMINO DEL PUEBLO BERNALILLO, NM 87004	83-5604893	115	10,000.	0.			SPARTAN LEARNING ACADEMY: BPS IS CREATING A FAB LAB SPACE. LEARNING FOCUS: INTRODUCE STUDENTS TO NEW
COOKING WITH KIDS, INC. PO BOX 6113 SANTA FE, NM 87502	20-4396207	501(C)3	10,000.	0.			SUPPORT FOR RURAL EXPANSION IN PROGRAMMING, SPECIFICALLY IN SAN MIGUEL AND POJOAQUE.
MESA VISTA CONSOLIDATED SCHOOLS PO BOX 309 OJO CALIENTE, NM 87549	85-0198946	115	10,000.	0.			SUPPORT FOR ON-SITE PROGRAMMING AND FIELD TRIPS FOR STEM LEARNING OPPORTUNITIES, INCLUDING
NMC, INC. 4200 W JEMEZ RD STE 301 LOS ALAMOS, NM 87544	26-0370262	501(C)3	10,000.	0.			SUPPORT FOR THE LANL-MSA MATH TEACHER LEADER NETWORK NEXT GENERATION.

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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	154	788,025.	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):

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Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

THE GOLDEN APPLE FOUNDATION FOR EXCELLENCE IN TEACHING

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISH A PIPELINE OF EDUCATORS IN

NEW MEXICO, INCLUDING NORTHERN NEW MEXICO. FUNDS TO SUPPORT GOLDEN APPLES

INITIAL EFFORTS TO BUILD STRONG SUPPORT SYSTEMS FOR COLLEGE STUDENTS

PURSUING A CAREER IN EDUCATION AND BEGINNING TEACHERS.

NAME OF ORGANIZATION OR GOVERNMENT: ASSISTANCE DOGS OF THE WEST

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;

ASSISTANCE DOGS OF THE WEST EMPLOYS PROFESSIONAL TRAINERS WHO WORK WITH

STUDENTS OF ALL AGES AND ABILITY LEVELS TO TRAIN AND PLACE ASSISTANCE

DOGS TO SERVE OTHER PEOPLE WITH DISABILITIES AS WELL AS PEOPLE

EXPERIENCING TRAUMA, THROUGH SERVICE DOG, COURTHOUSE FACILITY, AND CRISIS

RESPONSE CANINE PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGES PROJECT FOR EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;

PROGRAMMING TO SUPPORT THE NEEDS OF ALL STUDENTS OF ALL AGES,

BACKGROUNDS, CIRCUMSTANCES AND ACHIEVEMENT IN THE PURSUIT OF

POSTSECONDARY EDUCATION--FROM BACHELOR AND ASSOCIATE DEGREES TO TRADE AND

VOCATIONAL CERTIFICATES--TO ENABLE THEM TO IMPROVE THEIR LIVES AND

POSITIVELY IMPACT THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: CHAMA VALLEY ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; CHAMA

VALLEY ARTS PROVIDES ARTS PROGRAMS FOR COMMUNITY MEMBERS OF ALL AGES FROM

THE CHAMA VALLEY, AS WELL AS PRODUCING THE CHAMA VALLEY ART FESTIVAL AND

OTHER EVENTS FOR LOCAL ARTISTS TO SHOW AND SELL THEIR WORK.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CLIMATE ADVOCATES VOCES UNIDAS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; CAVU'S

EDUCATIONAL PROGRAMMING AND VISUAL STORYTELLING PROMOTES YOUTH-LED

SOLUTIONS TO THE CLIMATE CRISIS.

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE AND CAREER PLAZA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; COLLEGE

AND CAREER PLAZA OFFERS CULTURALLY AND LINGUISTICALLY RELEVANT COLLEGE

ACCESS AND CAREER DEVELOPMENT MENTORING AND GUIDANCE TO ALL 9TH-12TH

GRADERS ENROLLED AT SANTA FE HIGH SCHOOL, SANTA FE INDIAN SCHOOL, CAPITAL

HIGH SCHOOL AND MONTE DEL SOL CHARTER SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC. OF SANTA FE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; GIRLS

INC. OF SANTA FE INSPIRES GIRLS TO BE STRONG, THROUGH LESSONS AND

ACTIVITIES SUPPORTING MENTAL AND PHYSICAL HEALTH; SMART, THROUGH HANDS-ON

ACTIVITIES INVOLVING STEM CONCEPTS, READING, AND COLLEGE PREPARATION; AND

BOLD, THROUGH DISCUSSIONS AND ACTIVITIES THAT PROMOTE ECONOMIC AND MEDIA

LITERACY AND ADVOCACY FOR SELF AND OTHERS.

NAME OF ORGANIZATION OR GOVERNMENT: KERES CHIDREN'S LEARNING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; KERES

CHILDREN'S LEARNING CENTER (KCLC) STRIVES TO RECLAIM OUR CHILDREN'S

EDUCATION AND HONOR OUR HERITAGE BY USING A COMPREHENSIVE CULTURAL AND

ACADEMIC CURRICULUM TO ASSIST FAMILIES IN NURTURING KERES-SPEAKING,

HOLISTICALLY HEALTHY, COMMUNITY MINDED, AND ACADEMICALLY STRONG STUDENTS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MATHAMIGOS; FISCAL SPONSOR: PARTNERS IN EDUCATION FOUNDATION FOR THE SANTA F

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;

MATHAMIGOS IS A NEW MEXICO REGISTERED NON-PROFIT OF VOLUNTEER

MATHEMATICIANS AND EDUCATORS DEDICATED TO HELPING TEACHERS INSPIRE KIDS

TO LOVE MATH - THROUGH WORKSHOPS, COACHING, AND FAMILY OUTREACH SINCE

2017.

NAME OF ORGANIZATION OR GOVERNMENT: MORA INDEPENDENT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; FUNDING

SUPPORTS TRANSPORTATION AND FEES FOR THE EDUCATIONAL EXPERIENCES FOR MORA

INDEPENDENT SCHOOL DISTRICT STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: MOVING ARTS ESPANOLA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; MOVING

ARTS ESPANOLA (MAE) PROVIDES HIGH QUALITY, AFFORDABLE PERFORMING AND

VISUAL ARTS EDUCATION AND FREE NUTRITIONAL AND ACADEMIC SUPPORT FOR

CHILDREN AND YOUTH AGES 3-25, WITH THE MISSION OF BUILDING COMMUNITY AND

CULTIVATING LEADERS THROUGH ARTS AND CULTURE, .

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL AUDUBON SOCIETY (AKA AUDUBON SOUTHWEST)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;

SUPPORTING THE SANTA FE OUTDOOR EDUCATION COLLABORATION IS A JOINT

PROJECT BETWEEN AUDUBON, THE SANTA FE BOTANICAL GARDEN, AND THE SANTA FE

WATERSHED ASSOCIATION TO PROVIDE STANDARDS-ALIGNED, HANDS-ON THIRD,

FOURTH, AND FIFTH GRADE LIFE-SCIENCE PROGRAMMING BASED IN AND AROUND

SANTA FE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

NEW MEXICO SUICIDE INTERVENTION (AKA THE SKY CENTER/NEW MEXICO SUICIDE INTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; THE SKY

CENTER/NMSIP'S MISSION IS TO MEET THE CHALLENGE OF YOUTH SUICIDE IN SANTA

FE AND NORTHERN NEW MEXICO THROUGH LASTING SOLUTIONS THAT ENCOURAGE

RESILIENCY, COURAGE, CONNECTION AND HOPE.

NAME OF ORGANIZATION OR GOVERNMENT:

PAJARITO ENVIRONMENTAL EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; PEEC S

K-12 ENVIRONMENTAL EDUCATION PROGRAMMING PROVIDES EQUITABLE, RELEVANT,

PLACE-BASED LEARNING FOR STUDENTS ACROSS NORTH-CENTRAL NEW MEXICO.

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF JEMEZ

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;

SUPPORTING K12 PROGRAMMING IN COLLEGE AND CAREER READINESS AND

EDUCATIONAL SUPPORT PROGRAMS IN A LANGUAGE IMMERSION ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF POJOAQUE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; THE

PUEBLO OF POJOAQUE TEWA LANGUAGE DEPARTMENT PROVIDES OPPORTUNITIES FOR

COMMUNITY MEMBERS TO LEARN AND ENGAGE WITH THEIR HERITAGE LANGUAGE

THROUGH IMMERSION-BASED, EXPERIENTIAL METHODS WITHIN THE CONTEXT OF TEWA

WORLDVIEW.

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF SANTA ANA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;

Part IV Supplemental Information

SUPPORTING PROGRAMMING THAT INCORPORATES ADVOCATING, ASSISTING,
PROMOTING, GUIDING, MOTIVATING, AND SUPPORTING THE WHOLE PERSON, ALONG
WITH FAMILY NEEDS, THROUGH A POSITIVE AND SAFE ENVIRONMENT THAT PROMOTES
AN INDIVIDUALISTIC APPROACH TO ENSURING A QUALITY EDUCATION AND
LIVELIHOOD OF TAMAYAME IDENTITY FOR THEIR ENTIRE LIFE PATH.

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF TESUQUE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; THE
PUEBLO OF TESUQUE WILL PROVIDE TEWA LANGUAGE CLASSES TO HIGH SCHOOL
STUDENTS AT SANTA FE INDIAN SCHOOL BY A TRIBAL MEMBER FROM THE PUEBLO OF
TESUQUE.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA FE MOUNTAIN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; THE
MOUNTAIN CENTER (TMC) IS A NATIONALLY RECOGNIZED AND ACCREDITED 501(C)3
EDUCATIONAL AND THERAPEUTIC ORGANIZATION THAT, SINCE 1979, HAS BEEN
DEDICATED TO PROMOTING PERSONAL DISCOVERY AND SOCIAL CHANGE AMONG YOUTH,
ADULTS, FAMILIES, AND GROUPS THROUGH THE USE OF CREATIVE LEARNING
EXPERIENCES IN WILDERNESS, COMMUNITY, AND CULTURAL ENVIRONMENTS.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA FE PREPARATORY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;
SPECIFICALLY FOR THE RURAL OPPORTUNITIES FOR COLLEGE ACCESS, OR ROCA,
PROGRAM, WHICH BUILDS PATHWAYS TO CAREER AND COMMUNITY FOR STUDENTS WHO
WILL BE FIRST IN THE FAMILIES TO EARN A COLLEGE DEGREE - FUNDING
SPECIFICALLY SUPPORTS A COORDINATOR POSITION FOR COLLEGE COUNSELING.

NAME OF ORGANIZATION OR GOVERNMENT: SILVER BULLET PRODUCTIONS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; SILVER

BULLET PRODUCTIONS IS A NON PROFIT EDUCATIONAL FILM COMPANY THAT USES

FILMMAKING AS THE VEHICLE FOR PRESERVING CULTURE; WE CREATE RELEVANT

LEARNING BY TEACHING FILMMAKING TO TRIBAL STUDENTS AND TEACHERS TO SHARE

THEIR OWN STORIES, AND BY PRODUCING QUALITY DOCUMENTARY FILMS ON THE

NATIVE EXPERIENCE.

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIAL EMOTIONAL LEARNING ALLIANCE FOR NEW MEXICO

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; SEL4NM

IS AN ALLIANCE OF NEW MEXICANS CONNECTING, PROMOTING, SUPPORTING, AND

ADVOCATING TO HELP EVERYONE IN THE STATE UNDERSTAND THE POWER, POTENTIAL

AND PURPOSE OF SYSTEMATIC, INTENTIONAL, UNIVERSAL SOCIAL AND EMOTIONAL

LIFE SKILLS DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: STEMARTS LAB

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; STEMARTS

LAB EMPOWERS YOUTH THROUGH ART, SCIENCE AND TECHNOLOGY TO PREPARE THEM

FOR THE 21ST CENTURY WORKPLACE, WITH A FOCUS ON RURAL AND UNDERSERVED

COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: THE FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;

SPECIFICALLY SUPPORTING OPERATIONS OF THE ESPANOLA YMCA TEEN CENTER, WITH

THE MISSION OF THE ORGANIZATION TO BUILD INDIVIDUAL, FAMILY AND COMMUNITY

STRENGTH BY FOCUSING ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL

RESPONSIBILITY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

THE SANTA FE CENTER FOR TRANSFORMATIONAL SCHOOL LEADERSHIP; FISCAL SPONSOR:

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; THE

CENTER FOR TRANSFORMING EDUCATION BUILDS THE CAPACITY OF FACULTY AND

ADMINISTRATORS TO TRANSFORM THEIR ORGANIZATIONS WITH NEW APPROACHES TO

LEADERSHIP AND DEEPER LEARNING EXPERIENCES FOR ALL STUDENTS AND

EDUCATORS.

NAME OF ORGANIZATION OR GOVERNMENT: THRIVE COMMUNITY SCHOOL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; THRIVE

COMMUNITY SCHOOL IS A DIVERSE AND AFFIRMING K-8 LEARNING COMMUNITY THAT

EMBRACES SOCIAL AND EMOTIONAL LEARNING PRACTICES AND UTILIZES

EVIDENCE-BASED TEACHING TO ADVANCE EDUCATIONAL EQUITY.

NAME OF ORGANIZATION OR GOVERNMENT: TRUE KIDS 1

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; TK1'S

MISSION IS TO INSPIRE K-12 STUDENTS TO CREATE, COMMUNICATE, AND

COLLABORATE IN THE DIGITAL AGE.

NAME OF ORGANIZATION OR GOVERNMENT: TWIRL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; TWIRL

PROVIDES OPPORTUNITIES FOR PLAY-BASED STEAM LEARNING FOR CHILDREN AND

FAMILIES IN TAOS COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTHWORKS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;

YOUTHWORKS PROGRAMS ARE STRUCTURED TO AID OPPORTUNITY YOUTH IN THE

DEVELOPMENT OF PERSONAL, SOCIAL AND LEADERSHIP SKILLS WHILE BUILDING

Part IV Supplemental Information

THEIR EDUCATIONAL AND JOB SKILLS THROUGH PAID WORK-BASED LEARNING AND

THROUGH EMPOWERING YOUTH TO REACH THEIR GOALS WHILE LEVERAGING

OPPORTUNITIES AND PATHWAYS TO EMPLOYMENT, HIGHER EDUCATION AND COMMUNITY

CONNECTION.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF NEW MEXICO

(H) PURPOSE OF GRANT OR ASSISTANCE: HIRING A WORK BASED LEARNING

COORDINATOR, SARAH HOLTZCLAW OF CLAW CONSULTING, TO SUPPORT THE

DEVELOPMENT OF A WORK-BASED LEARNING ECOSYSTEM IN NORTHERN NEW MEXICO.

NAME OF ORGANIZATION OR GOVERNMENT: WEST LAS VEGAS PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT TO

STRENGTHEN WEST LAS VEGAS HIGH SCHOOL'S TECHNOLOGY CLASSROOM CAPACITY

THROUGH ROBOTICS AND CODING PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: BERNALILLO PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SPARTAN LEARNING ACADEMY: BPS IS

CREATING A FAB LAB SPACE. LEARNING FOCUS: INTRODUCE STUDENTS TO NEW

COLLAR CAREERS TO SUPPORT STEM EDUCATION THROUGH A CREATIVE, ENGAGING

LEARNING ENVIRONMENT.

NAME OF ORGANIZATION OR GOVERNMENT: MESA VISTA CONSOLIDATED SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ON-SITE PROGRAMMING AND

FIELD TRIPS FOR STEM LEARNING OPPORTUNITIES, INCLUDING OUTDOOR AND

PLACED-BASED LEARNING, AND DEVELOPING THE ENVIRATHON TEAM.

NAME OF ORGANIZATION OR GOVERNMENT:

WORKFORCE MATTERS; FISCAL SPONSOR: FUNDERS TOGETHER TO END HOMELESSNESS, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: WORKFORCE GRANTMAKING IN NATIVE

NATIONS AND COMMUNITIES: INITIATIVE TO INCREASE FUNDING AND OTHER SUPPORT

FOR CAREER PATHWAYS AND WORKFORCE DEVELOPMENT EFFORTS AND POLICIES LED BY

OR FOCUSED ON NATIVE NATIONS AND COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: CANONES EARLY CHILDHOOD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; CANONES

PROVIDES FAMILY-ORIENTED EARLY CHILDHOOD EDUCATION SERVICES TO AN

ISOLATED, UNDERSERVED POPULATION IN RIO ARRIBA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

CHIMAYO CULTURAL PRESERVATION ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; CHIMAYO

CULTURAL PRESERVATION ASSOCIATION IS A NON PROFIT ORGANIZATION COMMITTED

TO PRESERVING THE ARTISTIC, CULTURAL, AGRICULTURAL AND EDUCATIONAL

HERITAGE OF CHIMAYO AND THE NORTHERN NEW MEXICO REGION.

NAME OF ORGANIZATION OR GOVERNMENT: EMBUDO VALLEY TUTORING ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; EMBUDO

VALLEY TUTORING ASSOCIATION PROVIDES FREE TUTORING AND MENTORING SERVICES

TO HIGH PRIORITY STUDENTS AT SIX SCHOOL AND LIBRARY SITES IN TAOS AND RIO

ARRIBA COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY STRENGTHS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; FAMILY

STRENGTHS NETWORKS GRANDPARENTS RAISING GRANDCHILDREN/KINSHIP SUPPORT

GROUP GIVES KINSHIP FAMILIES ACCESS TO RESOURCES, AND AN AVENUE TO

RECEIVE HELP AND ENCOURAGEMENT FROM OTHERS WITH RELATABLE EXPERIENCES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE JEMEZ SPRINGS LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; THE

JEMEZ SPRINGS PUBLIC LIBRARY SERVES AS A FOCAL POINT FOR PUBLIC PROGRAMS

AND EVENTS IN THE JEMEZ CORRIDOR AND SERVES A DIVERSE POPULATION OF

MEMBERS AND VISITORS.

NAME OF ORGANIZATION OR GOVERNMENT: GERARD'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; GERARDS

HOUSE IS A SAFE PLACE FOR GRIEVING CHILDREN, TEENS AND FAMILIES, WHERE

HEALING HAPPENS THROUGH ACCEPTANCE AND PEER SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

LEAP (LAND, EXPERIENCE AND ART OF PLACE); FISCAL SPONSOR: LOCALOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; QUESTA

STORIES VOICES OF THE NORTHERN RIO GRANDE SUPPORTS CULTURAL RESILIENCY

AND CONNECTION THROUGH AUDIO AND VISUAL STORY AND HISTORY GATHERING AND

SHARING THROUGH THE BUILDING OF A COMMUNITY-BASED ARCHIVE FROM AND FOR

NORTH CENTRAL NM COMMUNITY MEMBERS OF ALL AGES, NOW AND IN THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: LOS ALAMOS MAKERS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; LOS

ALAMOS MAKERS IS A 501 C 3 INFORMAL AND INCLUSIVE VOCATIONAL TRAINING

CENTER, AN IDEA-STAGE INCUBATOR FOR TECHNICAL ENDEAVORS, A WORKFORCE

DEVELOPMENT PARTNER AND A HOBBYISTS HAVEN, PROVIDING HELP WITH BASIC

WOODWORKING, 3D PRINTING, MODERN MANUFACTURING, BIOTECHNOLOGY AND MORE.

NAME OF ORGANIZATION OR GOVERNMENT: NEW MEXICO STATE UNIVERSITY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; SPECIFIC

PROGRAM SUPPORT FOR THE NM PREP (PRE-ENGINEERING PROGRAM) ACADEMY NORTH,

AN INNOVATIVE PROGRAM MODEL INCLUDING MULTIPLE SATELLITE CAMPUSES ACROSS

NEW MEXICO, THAT WILL INCLUDE COLLABORATIVE RELATIONSHIPS WITH PUEBLOS,

RESERVATIONS, INSTITUTIONS OF HIGHER ED, AND SCHOOL DISTRICTS, TO PROVIDE

CULTURALLY RESPONSIVE PROGRAMMING TO STUDENTS -- FUNDING WILL SUPPORT

PURCHASE OF A 3D PRINTER, MATERIALS AND SUPPLIES, AND STIPENDS FOR THE

FACILITATOR/SUPPORT STAFF WHO WOULD HELP FACILITATE PROJECT-BASED

ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: RAILYARD PARK CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; THE

RAILYARD PARK CONSERVANCY PROVIDES COMMUNITY STEWARDSHIP AND ADVOCACY FOR

THE HORTICULTURAL CARE, EDUCATIONAL PROGRAMMING AND PUBLIC ART IN SANTA

FES RAILYARD PARK AND PLAZA.

NAME OF ORGANIZATION OR GOVERNMENT:

RIO ARRIBA IMAGINATION LIBRARY; FISCAL SPONSOR: FRIENDS OF THE ESPANOLA PUBL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; THE RIO

ARRIBA IMAGINATION LIBRARY IS AN AFFILIATE OF THE DOLLY PARTON

IMAGINATION LIBRARY COMMITTED TO GIFTING BOOKS TO COUNTY RESIDENTS UNDER

FIVE-YEARS OLD TO ENCOURAGE LITERACY AND IMPROVE SCHOOL READINESS.

NAME OF ORGANIZATION OR GOVERNMENT:

SANGRE DE CRISTO YOUTH RANCH; FISCAL SPONSOR: LOCALOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; SANGRE

DE CRISTO YOUTH RANCH CULTIVATES SELF-RELIANCE THOUGH INTERDEPENDENCE BY

PROVIDING A TUITION-FREE IMMERSIVE RESIDENTIAL SUMMER CAMP TO DIVERSE

Part IV Supplemental Information

YOUTH IN A RANCH AND WILDERNESS SETTING.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA FE PREPARATORY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;

BREAKTHROUGH SANTA FE SUPPORTS MOTIVATED PUBLIC MIDDLE SCHOOL STUDENTS

WHOSE IDENTITIES HAVE BEEN HISTORICALLY EXCLUDED FROM HIGHER EDUCATION ON

THEIR PATH TO COLLEGE, WHILE ALSO PROVIDING HIGH SCHOOL AND COLLEGE-AGED

YOUNG ADULTS WITH A REWARDING EXPERIENCE AS TEACHERS AND MENTORS.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA FE YOUTH SYMPHONY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; SANTA FE

YOUTH SYMPHONY ASSOCIATIONS MISSION IS T O INSPIRE AND ENGAGE THE YOUTH

OF NORTHERN NEW MEXICOS MULTICULTURAL COMMUNITIES THROUGH EXCELLENT MUSIC

EDUCATION, THE GUIDANCE OF MUSIC PROFESSIONALS, AND PERFORMANCE

OPPORTUNITIES FROM SMALL ENSEMBLE TO FULL ORCHESTRA IN JAZZ, MARIACHI,

ORCHESTRA, AND CHAMBER MUSIC.

NAME OF ORGANIZATION OR GOVERNMENT: TAOS CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT;

COMPRISE OF A 275 SEAT THEATER, TWO GALLERY SPACES, AND A MULTI-USE

OUTDOOR COURTYARD, TCA WORKS WITH OVER 30 NON-PROFITS ANNUALLY AND HOSTS

YOUTH BALLET AND DANCE, INTERNATIONALLY TOURING CLASSICAL CHAMBER MUSIC

QUARTETS, JAZZ ENSEMBLES, PERFORMING ARTISTS, LOCAL THEATER, ART

EXHIBITIONS, AND COMMUNITY EVENTS.

NAME OF ORGANIZATION OR GOVERNMENT: TEATRO PARAGUAS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; UMBRELLA

CHILDRENS THEATRE AT TEATRO PARAGUAS OFFERS TUITION FREE THEATRE ARTS

Part IV Supplemental Information

TRAINING THAT EQUIPS NORTHERN NEW MEXICO YOUTH WITH SKILLS THAT SERVE
THEM AS PERFORMERS AND HUMAN BEINGS TODAY, AND PREPARE THEM FOR
CHALLENGES FACED TOMORROW.

NAME OF ORGANIZATION OR GOVERNMENT: THE PASEO PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; THE
PASEO PROJECT IS AN ARTS NON-PROFIT BASED IN TAOS COUNTY THAT TRANSFORMS
COMMUNITY WITH ART AND ART WITH COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: TRUCHAS SERVICES CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; TRUCHAS
SERVICES CENTER PROVIDES SERVICES TO THE RURAL COMMUNITIES IN THE MOST
EASTERLY CORNER OF RIO ARRIBA COUNTY INCLUDING PRESCHOOL, SUMMER PROGRAM,
LIBRARY, ADULT CLASSES AND FOOD DISTRIBUTION.

NAME OF ORGANIZATION OR GOVERNMENT:

TUTORS TO TEACHERS; FISCAL SPONSOR NEW MEXICO FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; TUTORS
TO TEACHERS IS A TEACHER PATHWAY TUTORING PROGRAM WORKING IN PUEBLOS, IN
SCHOOLS, AND IN THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE OF CHAMA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONS SUPPORT; A
COMMUNITY HUB, THE ELEANOR DAGGETT MEMORIAL LIBRARY IS A PLACE OF
LEARNING, FINDING RESOURCES, AND MAKING CONNECTIONS WITH OTHER
INDIVIDUALS LOOKING FOR SOLUTIONS TO SHARED PROBLEMS.

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF POJOAQUE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION GRANT FOR 2 STAFF

MEMBERS' REGISTRATION, TRAVEL AND LODGING DURING THE UNM EVALUATION LAB

SUMMER INSTITUTE.

NAME OF ORGANIZATION OR GOVERNMENT:

SUNDANCE EDUCATIONAL CONSULTING, INC; FISCAL SPONSOR: REGIONAL DEVELOPMENT C

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR NATIVE AMERICAN

PARENTS, CHILDREN AND TEACHERS FROM NORTHERN NEW MEXICO TO ATTEND THE LAM

VIII EDUCATIONAL CONFERENCE ON FEBRUARY 22-23, 2024.

NAME OF ORGANIZATION OR GOVERNMENT: TOMORROW'S WOMEN

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGING NEW MEXICO'S

FEMALE-IDENTIFYING TEENS IN A SIGNATURE LEADERSHIP MODEL LEADING TO

GLOBAL CITIZENRY AND CONFLICT TRANSFORMATION SKILLS.

NAME OF ORGANIZATION OR GOVERNMENT: INNOVATE EDUCATE NM

(H) PURPOSE OF GRANT OR ASSISTANCE: NNM WORK-BASED LEARNING SUMMIT: THE

NORTHERN NM COALITION FOR WORK-BASED LEARNING, A GROUP OF 28

ORGANIZATIONS, HOSTED A SUMMIT TO GATHER EDUCATORS, EMPLOYERS, AND

SERVICE PROVIDERS.

NAME OF ORGANIZATION OR GOVERNMENT:

PAJARITO ENVIRONMENTAL EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION GRANT FOR 2 STAFF

MEMBERS' REGISTRATION, TRAVEL AND LODGING DURING THE UNM EVALUATION LAB

SUMMER INSTITUTE.

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF JEMEZ

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION GRANT FOR 2 STAFF

MEMBERS' REGISTRATION, TRAVEL AND LODGING DURING THE UNM EVALUATION LAB

SUMMER INSTITUTE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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 and/or 1099-NEC 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)	233,982.	3,072.	0.	12,154.	22,281.	271,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MIHAELA POPA-SIMIL VP OF FINANCE & OPERATIONS	(i)	155,805.	3,249.	0.	8,459.	43,271.	210,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALVIN WARREN VP OF CAREER PATHWAYS	(i)	144,755.	3,249.	0.	7,896.	43,167.	199,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANTHONY FOX VP OF INST ADV & SCHOLARSHIP	(i)	131,044.	3,575.	0.	7,139.	35,052.	176,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANNA MARIE GARCIA VP OF EARLY CHILDHOOD ED	(i)	130,489.	3,768.	0.	6,911.	18,685.	159,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 BONUSES FOR MEETING COMPANY GOALS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	11,485. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (INVENTORY)	X	1	20,135. FMV	
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF DONORS ARE LISTED.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
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FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

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 K-12 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 2023, THE ISEC PROGRAM HAD PARTNERSHIPS WITH 46 ELEMENTARY SCHOOLS ACROSS 6 SCHOOL DISTRICTS AND 4 NORTHERN PUEBLOS, AND SERVED 600 TEACHERS AND 11,000 STUDENTS. ADDITIONALLY, THE LANL FOUNDATION AWARDED A TOTAL OF \$1,073,000 THROUGH 76 GRANTS TO NON-PROFITS, SCHOOLS, AND TRIBAL COMMUNITIES IN OUR REGION. THE TOTAL OF \$265,000 WAS AWARDED IN 17 GRANTS TOWARDS COLLEGE, CAREER AND COMMUNITY PATHWAYS AND 15 GRANTS TOTALING \$226,000 WERE AWARDED TO SUPPORT WHOLE CHILD DEVELOPMENT. ADDITIONALLY, 11 GRANTS TOTALING \$135,000 WERE AWARDED TOWARDS CARING & CAPABLE ADULTS PROJECTS AND 33 GRANTS TOTALING \$447,000 WERE AWARDED TOWARDS VIBRANT LEARNING OPPORTUNITIES.

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

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
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MEETING WHEN THE EXECUTIVE COMMITTEE ORIGINALLY DECIDED.

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
 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 15A:

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
 BONUSSES.

Name of the organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
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THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES FEES:

PROGRAM SERVICE EXPENSES	1,057,311.
MANAGEMENT AND GENERAL EXPENSES	61,002.
FUNDRAISING EXPENSES	4,868.
TOTAL EXPENSES	1,123,181.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,123,181.

**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

2023

Open to Public Inspection

Name of the organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
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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 BUILDINGS OCCUPIED BY FOUNDATION	NEW MEXICO	153,552.	1,635,930.	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) 2023

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)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.