

\*\* 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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A For the 2024 calendar year, or tax year beginning and ending**

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

**C Name of organization**  
 LOS ALAMOS NATIONAL LABORATORY FOUNDATION  
**Doing business as**  
 \_\_\_\_\_  
**Number and street (or P.O. box if mail is not delivered to street address) Room/suite**  
 1112 PLAZA DEL NORTE \_\_\_\_\_  
**City or town, state or province, country, and ZIP or foreign postal code**  
 ESPANOLA, NM 87532

**D Employer identification number**  
 74-2853972

**E Telephone number**  
 (505) 753-8890

**F Name and address of principal officer:** DR. GWEN PEREA WARNIMENT  
 SAME AS C ABOVE

**G Gross receipts \$** 10,946,354.

**H(a) Is this a group return for subordinates?** Yes  No   
**H(b) Are all subordinates included?** Yes  No   
 If "No," attach a list. See instructions

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

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

**K Form of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** 1997

**M State of legal domicile:** NM

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO INSPIRE EXCELLENCE IN EDUCATION AND LEARNING IN NORTHERN NEW MEXICO.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	48
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	90
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-8,804.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,167,986.	5,157,189.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,829.	29,510.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,395,479.	4,745,795.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-5,276.	9,922,498.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,592,018.	1,837,276.
Expenses	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,958,525.	4,047,695.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	152,495.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,411,372.	3,328,185.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,034,419.	9,213,156.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,557,599.	709,342.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	112,868,750.	123,259,353.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,947,787.	2,112,781.
		110,920,963.	121,146,572.

## Part II Signature Block

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

**Signed by:** Max Baca  
**Signature of officer:** \_\_\_\_\_  
**Date:** 11/16/2025

**Sign Here:** MAX BACA, TREASURER  
 Type or print name and title

**Paid Preparer:** Preparer's name: JESSICA LOCKER, CPA; Preparer's signature: JESSICA LOCKER, CPA; Date: 11/15/25; Check if self-employed: ; PTIN: P01367046

**Preparer Use Only:** Firm's name: CLIFTONLARSONALLEN LLP; Firm's address: 6501 AMERICAS PARKWAY NE, SUITE 500, ALBUQUERQUE, NM 87110; Firm's EIN: 41-0746749; Phone no.: 505-842-8290

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

**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

4a (Code: ) (Expenses \$ 2,296,126. including grants of \$ 991,568. ) (Revenue \$ 29,510. )  
K-12 EDUCATION 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 EDUCATION PROGRAM  
PARTNERS WITH URBAN, RURAL AND TRIBAL SCHOOLS AND DISTRICTS ACROSS  
NORTHERN NEW MEXICO TO STRENGTHEN STUDENTS' EDUCATION BY SUPPORTING  
EDUCATOR GROWTH, AND FOSTERING CULTURALLY AND LINGUISTICALLY  
SUSTAINING, INQUIRY-BASED LEARNING OPPORTUNITIES. ROOTED IN PLACE AND  
COMMUNITY, WE PROVIDE RESOURCES, FOSTER COLLABORATION, AND INTEGRATE  
HANDS-ON STEM, SEL, AND LEADERSHIP DEVELOPMENT. OUR AIM IS TO  
COLLECTIVELY SHAPE OUR EDUCATIONAL ECOSYSTEMS ENSURING NORTHERN NEW  
MEXICANS ARE PREPARED TO THRIVE IN THE 21ST CENTURY. IN OUR INQUIRY

4b (Code: ) (Expenses \$ 1,169,409. 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.

4c (Code: ) (Expenses \$ 4,440,193. including grants of \$ 845,708. ) (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.

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

4e Total program service expenses 7,905,728.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Form 990 (2024)

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c 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; 16b 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.
[X] Own website [ ] Another's website [X] 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) MIHAELA POPA-SIMIL VP OF FINANCE & OPERATIONS	40.00			X			179,434.	0.	55,215.	
(2) ALVIN WARREN VP OF ADVOCACY & C3P PROGRAMS	40.00				X		163,506.	0.	45,899.	
(3) ANTHONY FOX INTERIM PRESIDENT CEO (THRU 9/24)/VP OF INST. ADVANC	40.00			X			135,946.	0.	46,419.	
(4) ANNA MARIE GARCIA VP OF EARLY CHILDHOOD ED	40.00				X		145,136.	0.	27,991.	
(5) KERSTI TYSON DIRECTOR OF EVALUATION & RESEARCH	40.00				X		102,517.	0.	44,551.	
(6) MICHAEL DABRIEO EDUCATION ENRICHMENT DIR	40.00				X		108,732.	0.	30,407.	
(8) GWENDOLYN WARNIMENT PRESIDENT & CEO (AS OF 9/24)	40.00			X			66,033.	0.	6,478.	
(9) JENNIFER PARKS PRESIDENT & CEO (THRU 1/24)	40.00			X			36,456.	0.	4,770.	
(10) DENISE MONTOYA CHAIR	2.00	X		X			0.	0.	0.	
(11) WAYNE KENNEDY TREASURER (THRU 5/24)	2.00	X		X			0.	0.	0.	
(12) WILLARD (BILL) WADT TREASURER (AS OF 5/24)	2.00	X		X			0.	0.	0.	
(13) MARTHA ACOSTA SECRETARY	1.00	X		X			0.	0.	0.	
(14) MAX BACA DIRECTOR AT-LARGE (AS OF 5/24)	2.00	X					0.	0.	0.	
(15) DENISE BALDERAS DIRECTOR AT-LARGE (THRU 5/24)	1.00	X					0.	0.	0.	
(16) WILMER CHAVARRIA DIRECTOR AT-LARGE	1.00	X					0.	0.	0.	
(17) ANTHONY DORAME DIRECTOR AT-LARGE (5/24 THRU 11/24)	1.00	X					0.	0.	0.	
(18) NELLA DOMENICI DIRECTOR-AT-LARGE (AS OF 11/24)	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			
(19) YVETTE GULLATT DIRECTOR AT-LARGE	1.00	X						0.	0.	0.
(20) KATHRYN HARRIS TIJERINA IMMEDIATE PAST CHAIR	2.00	X						0.	0.	0.
(21) THOMAS MASON DIRECTOR-AT-LARGE (THRU 5/24)	1.00	X						0.	0.	0.
(22) MATTHEW MARTINEZ DIRECTOR AT-LARGE (AS OF 5/24)	1.00	X						0.	0.	0.
(23) MADELINE NARANJO DIRECTOR AT-LARGE	1.00	X						0.	0.	0.
(24) VIRGINIA PADILLA-VIGIL DIRECTOR AT-LARGE (AS OF 5/24)	2.00	X						0.	0.	0.
(25) MIKE PHELAN DIRECTOR-AT-LARGE (THRU 5/24)	1.00	X						0.	0.	0.
(26) DENISE RAMONAS DIRECTOR AT-LARGE	1.00	X						0.	0.	0.
(27) NANCY RODRIGUEZ DIRECTOR AT-LARGE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								937,760.	0.	261,730.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								937,760.	0.	261,730.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
EDUCATION RESEARCH & DEVELOPMENT 12 BRADBURY LANE, NEWBURYPORT, ME 01950	TO CREATE GUIDANCE FOR ASPIRING SUPERIN	220,360.
CONNECTED, 2150 SHATTUCK AVE, STE 750, BERKELEY, CA 94704	TO PROVIDE THE 51 INNOVATION ZONE SITES	184,327.

**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 2

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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	241,638.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,915,551.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 417,498.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		5,157,189.			
Program Service Revenue	<b>2 a</b>	ADMINISTRATION FEES	<b>Business Code</b>				
			900099	29,510.	29,510.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		29,510.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		470,339.		470,339.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real				
			(ii) Personal				
				27,135.			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>	37,131.			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	-9,996.			
	<b>d</b>	Net rental income or (loss) .....		-9,996.	-8,804.	-1,192.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities				
			(ii) Other				
				5,262,181.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	986,725.			
<b>c</b>	Gain or (loss) .....	<b>7c</b>	4,275,456.				
<b>d</b>	Net gain or (loss) .....		4,275,456.		4,275,456.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		9,922,498.	29,510.	-8,804.	4,744,603.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	991,568.	991,568.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	845,708.	845,708.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	530,751.	280,739.	235,207.	14,805.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,697,915.	2,317,956.	321,162.	58,797.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	101,041.	88,711.	10,202.	2,128.
<b>9</b> Other employee benefits .....	480,928.	421,045.	49,123.	10,760.
<b>10</b> Payroll taxes .....	237,060.	193,377.	38,302.	5,381.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	16,571.		16,571.	
<b>c</b> Accounting .....	63,220.		63,220.	
<b>d</b> Lobbying .....	50.		50.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,839,028.	1,649,586.	152,104.	37,338.
<b>12</b> Advertising and promotion .....	341,871.	274,431.	64,797.	2,643.
<b>13</b> Office expenses .....	264,223.	163,461.	89,976.	10,786.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	86,869.	60,107.	22,796.	3,966.
<b>17</b> Travel .....	72,335.	58,526.	11,345.	2,464.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	14,313.	8,453.	5,302.	558.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	65,389.	10,126.	55,263.	
<b>23</b> Insurance .....	39,242.	24,045.	13,610.	1,587.
<b>24</b> 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.)				
<b>a</b> OPERATIONS	343,694.	343,694.		
<b>b</b> STEM CHALLENGE	143,740.	143,740.		
<b>c</b> PROFESSIONAL DEVELOPMEN	37,640.	30,455.	5,903.	1,282.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,213,156.	7,905,728.	1,154,933.	152,495.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	317,939.	<b>1</b>	10,184.
	<b>2</b> Savings and temporary cash investments .....	1,351,349.	<b>2</b>	2,829,296.
	<b>3</b> Pledges and grants receivable, net .....	1,396,784.	<b>3</b>	879,274.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	20,135.	<b>8</b>	25,643.
	<b>9</b> Prepaid expenses and deferred charges .....	5,711.	<b>9</b>	33,799.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,819,001.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 912,247.		
		1,659,974.	<b>10c</b>	1,906,754.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	108,099,589.	<b>12</b>	117,506,087.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	17,269.	<b>15</b>	68,316.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	112,868,750.	<b>16</b>	123,259,353.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	755,166.	<b>17</b>	979,380.
	<b>18</b> Grants payable .....	30,000.	<b>18</b>	20,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,145,352.	<b>23</b>	1,044,615.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	17,269.	<b>25</b>	68,786.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,947,787.	<b>26</b>	2,112,781.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,493,911.	<b>27</b>	5,508,665.
	<b>28</b> Net assets with donor restrictions .....	107,427,052.	<b>28</b>	115,637,907.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	110,920,963.	<b>32</b>	121,146,572.
<b>33</b> Total liabilities and net assets/fund balances .....	112,868,750.	<b>33</b>	123,259,353.	

Form 990 (2024)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,922,498.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,213,156.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	709,342.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	110,920,963.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	9,516,267.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	121,146,572.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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** (2024)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [ ] A school described in section 170(b)(1)(A)(ii).
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [ ] An organization organized and operated exclusively to test for public safety.
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations [ ]
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 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; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and % sign. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. 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; 17a 10% -facts-and-circumstances test - 2024. 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; b 10% -facts-and-circumstances test - 2023. 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; 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.

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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 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.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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.

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 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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) 2024

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 237,783.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 334,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 344,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 334,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 150,000.	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	<b>Employer identification number</b>  74-2853972
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ _____ 605,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 521,106.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ _____ 265,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ _____ 221,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ _____ 137,000.	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	<b>Employer identification number</b>  74-2853972
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	SHARES OF <u>BMV, CSCO, HBI, PFE, VTRS, VMT, WHR, CMCSA, HBAN, CIOVX, CSQ, CCIZX,</u> <u>FFRIX, HFRO, PICK, PRSX, XLF</u>	\$ 401,498.	11/04/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

2024

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 I-B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) (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 \$ 0.
3 Volunteer hours for political campaign activities 0.

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 \$ 0.
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 0.
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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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) 2024

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	50.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	50.													
<b>d</b>	Other exempt purpose expenditures .....	7,905,678.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	7,905,728.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	545,286.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	136,322.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	496,299.	492,070.	494,140.	545,286.	2,027,795.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,041,693.
<b>c</b> Total lobbying expenditures	3,035.	4,742.	6,104.	50.	13,931.
<b>d</b> Grassroots nontaxable amount	124,075.	123,018.	123,535.	136,322.	506,950.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					760,425.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include 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, section 162(e) expenditures, and carryover.

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)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	101,911,763.	96,046,323.	113,202,628.	96,324,738.	87,548,869.
b Contributions	714,455.	561,901.	375,592.	701,419.	201,208.
c Net investment earnings, gains, and losses	13,059,281.	8,237,791.	-14,981,566.	18,523,837.	10,952,183.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,512,797.	2,934,252.	2,550,331.	2,347,366.	2,377,522.
f Administrative expenses					
g End of year balance	110,172,702.	101,911,763.	96,046,323.	113,202,628.	96,324,738.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
  - b Permanent endowment 57.3444 %
  - c Term endowment 42.6556 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations?  | X   |    |
| (ii) Related organizations?   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		431,306.		431,306.
b Buildings		1,801,025.	646,555.	1,154,470.
c Leasehold improvements				
d Equipment		457,170.	265,692.	191,478.
e Other		129,500.		129,500.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,906,754.

**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	117,506,087.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	117,506,087.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	68,786.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	68,786.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	19,475,896.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	9,516,267.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	9,516,267.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	9,959,629.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-37,131.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	-37,131.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,922,498.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	9,250,287.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	37,131.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	37,131.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	9,213,156.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	9,213,156.

**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 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, 2024 OR 2023. 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, 2024 AND 2023. ACCORDINGLY, A PROVISION FOR INCOME TAXES HAS NOT BEEN ESTABLISHED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE -37,131.

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE 37,131.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ASSISTANCE DOGS OF THE WEST PO BOX 31027 SANTA FE, NM 87594	85-0431646	501 (C) 3	25,000.	0.	N/A	N/A	THIS GRANT SUPPORTED THE CONTINUATION OF OUR STUDENT TRAINER PROGRAMS FOR TRANSITION-AGED YOUTH
BRIDGES PROJECT FOR EDUCATION PO BOX 308 TAOS, NM 87571	85-0448942	501 (C) 3	30,000.	0.	N/A	N/A	THIS GRANT SUPPORTED THE LAUNCH OF BRIDGE BUILDERS, AN ALUMNI-DRIVEN MENTORSHIP
CHAMA VALLEY ARTS PO BOX 95 CHAMA, NM 87520	88-1180381	501 (C) 3	25,000.	0.	N/A	N/A	THIS GRANT SUPPORTED THE YOUTH CREATOR SHOW CASE, AN ANNUAL STUDENT ART EXHIBIT THAT CELEBRATES
CLIMATE ADVOCATES VOCES UNIDAS (CAVU) - 518 OLD SANTA FE TRAIL, .STE 1-405 - SANTA FE, NM 87505	20-3287015	501 (C) 3	25,000.	0.	N/A	N/A	THIS FUNDING SUPPORTED CAVUS INDIGENOUS OUTREACH LIAISON, WHO IS BUILDING RELATIONSHIPS WITH
COLLEGE AND CAREER PLAZA 5313 CIRCITA DEL SUR SANTA FE, NM 87507	84-3961213	501 (C) 3	25,000.	0.	N/A	N/A	THIS TWO-YEAR GRANT SUPPORTED SALARIES FOR FOUR KEY CCP STAFF MEMBERS, ENABLING THE
GIRLS INC OF SANTA FE 301 HILLSIDE AVE SANTA FE, NM 87501	85-0129250	501 (C) 3	25,000.	0.	N/A	N/A	THIS GRANT SUPPORTED STAFF CAPACITY BUILDING AND COMPETITIVE COMPENSATION AT GIRLS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **66.**

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Schedule I (Form 990) (Rev. 12-2024)**

LOS ALAMOS NATIONAL LABORATORY

Schedule I (Form 990)

FOUNDATION

74-2853972

Page 1

**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
GOLDEN APPLE FOUNDATION FOR EXCELLENCE IN TEACHING - 901 W JACKSON BLVD STE 205 - CHICAGO, IL 60607	36-3392992	501 (C) 3	75,000.	0.	N/A	N/A	THIS GRANT SUPPORTED THE THIRD YEAR OF ESTABLISHING THE GOLDEN APPLE FOUNDATIONS TEACHER
KERES CHILDREN'S LEARNING CENTER P. O. BOX 113 COCHITI PUEBLO, NM 87072	45-4511408	501 (C) 3	25,000.	0.	N/A	N/A	GRANT FUNDING SUPPORTED OPERATIONAL EXPENSES FOR THE KERES CHILDRENS LEARNING CENTER (KCLC),
MORA INDEPENDENT SCHOOL DISTRICT PO BOX 179 MORA, NM 87732	85-6000233	PUBLIC SCHOOL DI	25,000.	0.	N/A	N/A	FUNDING SUPPORTED STUDENT TRANSPORTATION AND RELATED FEES FOR EDUCATIONAL EXPERIENCES
MOVING ARTS ESPANOLA PO BOX 505 VELARDE, NM 87582	45-2459893	501 (C) 3	25,000.	0.	N/A	N/A	FUNDING SUPPORTED OPERATIONS AND PROGRAMS PROMOTING CULTURAL AWARENESS AND COMMUNITY
NATIONAL AUDUBON SOCIETY 1800 UPPER CANYON RD SANTA FE, NM 87501	13-1624102	501 (C) 3	25,000.	0.	N/A	N/A	GRANT SUPPORTED AUDUBON SOUTHWESTS STAFF AND TEACHER STIPENDS, CURRICULUM DEVELOPMENT,
NEW MEXICO SUICIDE INTERVENTION PROJECT, INC. AKA THE SKY CENTER - P. O. BOX 6004 - SANTA FE, NM 87502	85-0427990	501 (C) 3	25,000.	0.	N/A	N/A	GRANT SUPPORTED OPERATIONS OF THE SKY CENTER/NMSIP TO PROVIDE BILINGUAL, NO-COST MENTAL
PAJARITO ENVIRONMENTAL EDUCATION CENTER (PEEC) - 2600 CANYON RD - LOS ALAMOS, NM 87544	85-0478101	501 (C) 3	27,400.	0.	N/A	N/A	FUNDING SUPPORTED PECS PLACE-BASED K-12 LEARNING PROGRAMS IN NORTHERN NEW MEXICO BY COVERING
PARTNERS IN EDUCATION FOUNDATION FOR THE SANTA FE PUBLIC SCHOOLS - P. O. BOX 23374 - SANTA FE, NM 87502	85-0392417	501 (C) 3	50,000.	0.	N/A	N/A	FUNDING SUPPORTED CAPACITY BUILDING FOR TEACHER LEADERS AND ADMINISTRATORS THROUGH
PUEBLO OF JEMEZ 5117 HIGHWAY 4 BOX 60 JEMEZ PUEBLO, NM 87024	85-0213473	SOVEREIGN NATION	42,000.	0.	N/A	N/A	FUNDING SUPPORTED THE PUEBLO OF JEMEZ IN EXPANDING LANGUAGE IMMERSION COMMUNITY

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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	SOVEREIGN NATION	27,000.	0.	N/A	N/A	THIS GRANT FUNDED 12 STAFF MEMBERS TO ATTEND THE 2023 NAEYC CONFERENCE, ENHANCING
PUEBLO OF SANTA ANA 02 DOVE RD BERNALILLO, NM 87004	85-0217024	SOVEREIGN NATION	25,000.	0.	N/A	N/A	FUNDING SUPPORTED THE EDUCATION DEPARTMENT IN OFFERING WORKSHOPS AND COMMUNITY ACTIVITIES
PUEBLO OF TESUQUE 20 TP 828 SANTA FE, NM 87506	85-0225120	SOVEREIGN NATION	25,000.	0.	N/A	N/A	FUNDING COVERED 10% OF THE EDUCATION COORDINATORS SALARY AND FULL WAGES FOR THE TEWA
REUNITY RESOURCES 1829 SAN YSIDRO CROSSING SANTA FE, NM 87507	45-2298696	501 (C) 3	7,400.	0.	N/A	N/A	THIS GRANT SUPPORTED REUNITY RESOURCES EDUCATIONAL PROGRAMS THAT TEACH STUDENTS ABOUT FOOD
SANTA FE MOUNTAIN CENTER 1524 B BISHOPS LODGE RD TESUQUE, NM 87574	85-0272388	501 (C) 3	25,000.	0.	N/A	N/A	THIS FUNDING SUPPORTED EXPANDING THE EMERGENCE PROGRAM BY ADDING A FOURTH STAFF MEMBER TO
SANTA FE PREPARATORY SCHOOL 1101 CAMINO DE LA CRUZ BLANCA SANTA FE, NM 87505	85-0165745	501 (C) 3	25,000.	0.	N/A	N/A	FUNDING SUPPORTED A COORDINATOR POSITION AT ROCA TO MANAGE COLLEGE COUNSELING, SUMMER
SILVER BULLET PRODUCTIONS 38 CALLE VENTOSO WEST SANTA FE, NM 87506	30-0275618	501 (C) 3	25,000.	0.	N/A	N/A	FUNDING TO SILVER BULLET PRODUCTIONS SUPPORTED FILMMAKING WORKSHOPS FOR NATIVE AMERICAN STUDENTS
SOCIAL EMOTIONAL LEARNING ALLIANCE FOR NM - 50 PAW A SUKI ROAD - EL PRADO, NM 87529	87-3566334	501 (C) 3	25,000.	0.	N/A	N/A	FUNDING SUPPORTED SUSTAINING AND EXPANDING SEL4NMS OPERATIONS, INCLUDING EXECUTIVE
STEMARTS LAB PO BOX 298 EL PRADO, NM 87529	85-0798517	501 (C) 3	27,400.	0.	N/A	N/A	FUNDING HELPED EXPAND THE AMBASSADOR PROGRAM AND APPRENTICE BOOTCAMPS, INCREASING STEAM TRAINING

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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 FAMILY YMCA 1450 IRIS STREET LOS ALAMOS, NM 87544	85-0130054	501 (C) 3	25,000.	0.	N/A	N/A	FUNDING SUPPORTED PERSONNEL COSTS FOR STAFF WHO MENTOR AND ENGAGE YOUTH DAILY THROUGH
THE TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501 (C) 3	10,000.	0.	N/A	N/A	FUNDING PROVIDED TEACHER STIPENDS TO SUPPORT COMPUTER SCIENCE EDUCATION TRAINING AND
THRIVE COMMUNITY SCHOOL FOUNDATION 7300 OLD SANTA FE TRAIL SANTA FE, NM 87501	88-2759623	501 (C) 3	25,000.	0.	N/A	N/A	FUNDING SUPPORTED THE PURCHASE OF CORE SEL INSTRUCTIONAL MATERIALS AND TRAINING FOR
TRUE KIDS 1 PO BOX 2940 TAOS, NM 87571	27-1939161	501 (C) 3	25,000.	0.	N/A	N/A	FUNDING EXPANDED AND ENHANCED FREE AND SLIDING-SCALE AFTER-SCHOOL AND SUMMER
TWIRL, A PLAY AND DISCOVERY SPACE, INC. - 225 CAMINO DE LA PLACITA - TAOS, NM 87571	47-2505890	501 (C) 3	25,000.	0.	N/A	N/A	FUNDING SUPPORTED TWIRLS COMMUNITY OUTREACH PROGRAMS ACROSS TAOS COUNTY, COVERING STAFF
WEST LAS VEGAS PUBLIC SCHOOLS 179 BRIDGE STREET LAS VEGAS, NM 87701	85-6000076	PUBLIC OR CHARTE	15,000.	0.	N/A	N/A	FUNDING SUPPORTED MORALE AND SOCIAL-EMOTIONAL WELL-BEING IN THE WLVS DISTRICT BY PROVIDING
YOUTHWORKS 1505 LLANO STREET SANTA FE, NM 87505	85-0480524	501 (C) 3	25,000.	0.	N/A	N/A	FUNDING SUPPORTED A LITERACY/NUMERACY TEACHER POSITION, PROVIDING ONE-ON-ONE INSTRUCTION TO

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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	185	845,708.	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):

NAME OF ORGANIZATION OR GOVERNMENT: ABRAZOS FAMILY SUPPORT SERVICES  
(H) PURPOSE OF GRANT OR ASSISTANCE: ABRAZOS FAMILY SUPPORT SERVICES RECEIVED 2024 GRANT FUNDING TO SUPPORT OPERATIONAL NEEDS, INCLUDING THE IMPLEMENTATION OF UPDATED TECHNOLOGY SYSTEMS AND PAPERLESS PROCESSES TO IMPROVE SERVICE DELIVERY AND DATA SECURITY. THIS FUNDING HELPED COVER ESSENTIAL BUT UNREIMBURSED COSTS SUCH AS THE ANNUAL TAX AUDIT, CONTRIBUTING TO LONG-TERM SUSTAINABILITY AND COMPLIANCE IN A MEDICAID-FUNDED ENVIRONMENT.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: ANIMAL PROTECTION OF NEW MEXICO

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED THE EXPANSION OF HUMANE EDUCATION PROGRAMS FOR STUDENTS IN NORTHERN NEW MEXICO, PROMOTING SOCIAL-EMOTIONAL LEARNING AND COGNITIVE DEVELOPMENT THROUGH COMPASSIONATE, ANIMAL-CENTERED CURRICULA. FUNDING COVERED ESSENTIAL OPERATIONAL COSTS INCLUDING STAFF SALARIES, EDUCATIONAL OUTREACH, AND CLASSROOM MATERIALS TO ENSURE HIGH-QUALITY, ENGAGING EXPERIENCES FOR YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: ASSISTANCE DOGS OF THE WEST

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED THE CONTINUATION OF OUR STUDENT TRAINER PROGRAMS FOR TRANSITION-AGED YOUTH WITH DISABILITIES IN SANTA FE, TAOS, AND SURROUNDING COMMUNITIES, WHILE ALSO ADVANCING EFFORTS TO ESTABLISH A LOCAL CTP OR CTP CONSORTIUM IN NORTHERN NEW MEXICO. FUNDING ENHANCED ACCESSIBILITY THROUGH ASL INTERPRETATION, SUPPORT STUDENT AND FAMILY ENGAGEMENT WITH INCLUSIVE POST-SECONDARY PROGRAMS, AND STRENGTHENED PARTNERSHIPS WITH LOCAL INSTITUTIONS TO CREATE MORE INCLUSIVE COLLEGE PATHWAYS.

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGES PROJECT FOR EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED THE LAUNCH OF BRIDGE BUILDERS, AN ALUMNI-DRIVEN MENTORSHIP PROGRAM CONNECTING POSTSECONDARY EDUCATION (PSE) GRADUATES WITH STUDENTS IN TAOS COUNTY TO INCREASE ACCESS TO AND SUCCESS IN PSE PATHWAYS. FUNDING SUPPORTED PROGRAM DESIGN, MATERIALS, AND STRATEGIC SCALING EFFORTS TO BUILD A SUSTAINABLE, COMMUNITY-ROOTED MODEL FOR RURAL STUDENT SUCCESS. THIS FUNDING SUPPORTED BRIDGES EFFORTS TO BUILD SYSTEMS-LEVEL CHANGE THROUGH ALUMNI ENGAGEMENT, COMMUNITY ORGANIZING, AND STRATEGIC PARTNERSHIP DEVELOPMENT. IN LAYING THE GROUNDWORK FOR A SUSTAINABLE AND SCALABLE ALUMNI NETWORK, WE AIM TO DEEPEN LOCAL INVESTMENT, EXPAND OUR CAPACITY, AND EMBED LONG-TERM POSTSECONDARY SUPPORT WITHIN THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: CHAMA VALLEY ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED THE YOUTH CREATOR SHOW CASE, AN ANNUAL STUDENT ART EXHIBIT THAT CELEBRATES CREATIVE EXPRESSION AND GIVES YOUNG ARTISTS ACROSS THE CHAMA VALLEY A PLATFORM TO SHARE THEIR WORK. FUNDING ALSO SUPPORTED EXPANSION INTO OUT-OF-SCHOOL ARTS PROGRAMMING, INCLUDING NEW PARTNERSHIPS, YOUTH APPRENTICESHIPS, AND COMMUNITY-DRIVEN OPPORTUNITIES ACROSS A RURAL SERVICE AREA.

NAME OF ORGANIZATION OR GOVERNMENT: CLIMATE ADVOCATES VOCES UNIDAS (CAVU)

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS FUNDING SUPPORTED CAVUS INDIGENOUS OUTREACH LIAISON, WHO IS BUILDING RELATIONSHIPS WITH PUEBLOS AND PARTNER ORGANIZATIONS TO EXPAND CULTURALLY RESPONSIVE CIC PROGRAMMING TO OVER 500 INDIGENOUS STUDENTS. SUSTAINED SUPPORT HELPED SUSTAIN AND DEEPEN THESE CONNECTIONS AND ENSURE PROGRAMMING ALIGNS WITH THE NEEDS AND VALUES OF EACH COMMUNITY SERVED.

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE AND CAREER PLAZA

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS TWO-YEAR GRANT SUPPORTED SALARIES FOR FOUR KEY CCP STAFF MEMBERS, ENABLING THE CONTINUATION OF DIRECT, ON-CAMPUS COLLEGE AND CAREER ADVISING SERVICES AT FOUR PARTNER HIGH SCHOOLS. FUNDING ALSO STRENGTHENED CCPS ADVOCACY EFFORTS AT THE DISTRICT AND STATE LEVELS TO ADVANCE EQUITABLE COLLEGE AND CAREER READINESS FOR ALL STUDENTS.

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

COLLINS LAKE AUTISM CENTER DBA COLLINS LAKE RANCH

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT TO COLLINS LAKE AUTISM CENTER SUPPORTED EDUCATIONAL INITIATIVES FOR STUDENTS IN THE MORA AREA, WITH A FOCUS ON EXPANDING OUTDOOR EDUCATION OPPORTUNITIES. FUNDING HELPED ADVANCE HANDS-ON, PLACE-BASED LEARNING PROJECTS THAT CONNECT STUDENTS TO THEIR ENVIRONMENT AND COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: COOKING WITH KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED THE EXPANSION OF COOKING WITH KIDS NUTRITION EDUCATION PROGRAMMING TO LOS NIOS ELEMENTARY IN LAS VEGAS CITY SCHOOLS FOR THE 20242025 SCHOOL YEAR. FUNDING COVERED KEY PROGRAM COSTS, INCLUDING STAFF AND SUPPLIES, AND HELPED LEVERAGE ADDITIONAL SUPPORT TO SUSTAIN AND GROW HANDS-ON, CULTURALLY RESPONSIVE FOOD EDUCATION IN RURAL AND TRIBAL COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: DREAMTREE PROJECT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT LEVERAGED FEDERAL AMERICORPS FUNDING TO SUPPORT LIVING STIPENDS FOR ENCHANTED CIRCLE CORPS MEMBERS, ENABLING DREAMTREE TO SUSTAIN AND EXPAND IMPACTFUL COMMUNITY SERVICE PROGRAMS. THIS GRANT HELPED COVER THE VITAL 45% OF PROGRAM COSTS NOT PROVIDED BY AMERICORPS, ENSURING CONTINUED MEMBER SUPPORT AND PROGRAM SUCCESS.

NAME OF ORGANIZATION OR GOVERNMENT: EL RITO PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT TO EL RITO PUBLIC LIBRARY SUPPORTS CRITICAL LIBRARY OPERATIONS, INCLUDING PART-TIME STAFF SALARIES, STIPENDS FOR STUDENT INTERNS, AND NECESSARY MAINTENANCE OF THE HISTORIC NEARLY 100-YEAR-OLD ADOBE BUILDING. FUNDING HELPED PRESERVE THIS BELOVED COMMUNITY LANDMARK WHILE ENSURING QUALITY SERVICES AND OPPORTUNITIES FOR LOCAL YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY STRENGTH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED FAMILY STRENGTHS NETWORKS FACILITATION AND MANAGEMENT OF THE GRG, PROVIDING MONTHLY MEETINGS AND ONGOING RESOURCES TO SUPPORT CLIENTS. FUNDING COVERED FACILITATOR FEES, OUTREACH, SUPPLIES, AND PROGRAM ADMINISTRATION, BRAIDED WITH LOS ALAMOS COUNTY FUNDS TO FULLY SUSTAIN THE PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS OF THE JEMEZ SPRINGS PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED BUILDING REMEDIATION AND STAFFING NEEDS TO REOPEN THE JEMEZ SPRINGS LIBRARY FOLLOWING A NATURAL DISASTER. FUNDING ENABLED THE LIBRARIAN TO HIRE PART-TIME HELP TO ORGANIZE COLLECTIONS AND RESTORE FULL LIBRARY SERVICES, ENSURING THE COMMUNITY REGAINED VITAL ACCESS TO LEARNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC OF SANTA FE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED STAFF CAPACITY BUILDING AND COMPETITIVE COMPENSATION AT GIRLS INSPIRING SANTA FE, ENABLING EXTENSIVE TRAINING IN YOUTH MENTAL HEALTH, CPR, AND TRAUMA-INFORMED CARE TO MEET RISING SERVICE DEMAND. FUNDING HELPED SUSTAIN HIGH-QUALITY PROGRAMMING AND STRENGTHENED FINANCIAL STABILITY THROUGH DIVERSIFIED FUNDRAISING AND COMMUNITY SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

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**Part IV Supplemental Information**

GOLDEN APPLE FOUNDATION FOR EXCELLENCE IN TEACHING

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED THE THIRD YEAR OF ESTABLISHING THE GOLDEN APPLE FOUNDATIONS TEACHER PIPELINE PROGRAMS IN NEW MEXICO, AIMED AT RECRUITING, TRAINING, AND MENTORING EDUCATORS FROM NORTHERN NM COMMUNITIES. FUNDING HELPED LAUNCH LOCAL OPERATIONS, BUILD INFRASTRUCTURE, AND HIRE NEW MEXICAN LEADERS TO ENSURE A SUSTAINABLE, DIVERSE, AND DEDICATED TEACHING WORKFORCE.

NAME OF ORGANIZATION OR GOVERNMENT: INSIDE OUT

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED OPERATIONAL EXPENSES INCURRED BY INSIDE OUT TO ASSIST HOMELESS AND INDIGENT CLIENTS IN ESPANOLA VALLEY THROUGH PEER-DRIVEN SUPPORT SERVICES. FUNDING HELPED SUSTAIN PEER SUPPORT STAFF, PROVIDE ESSENTIAL ITEMS LIKE FOOD AND CLOTHING, AND MAINTAIN FACILITIES THAT SERVE A GROWING POPULATION IMPACTED BY THE OPIOID CRISIS AND HOMELESSNESS.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FUNDING SUPPORTED OPERATIONAL EXPENSES FOR THE KERES CHILDRENS LEARNING CENTER (KCLC), SPECIFICALLY FOR STAFF CAPACITY BUILDING AND LEADERSHIP SALARIES. THIS FUNDING ENABLED KCLC TO SUSTAIN AND COMPENSATE FIVE KEY LEADERSHIP STAFF MEMBERS INCLUDING THE EXECUTIVE DIRECTOR, ADMINISTRATOR, DIRECTOR OF ADVANCEMENT, DIRECTOR OF INDIGENOUS MONTESSORI INSTITUTE, AND DIRECTOR OF OPERATIONS WHO GUIDE THE CENTERS MISSION, VISION, AND DAILY OPERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: KHAPO COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FUNDING SUPPORTED THE COALITION OF EDUCATORS OF NATIVE AMERICAN CHILDREN (CENAC) TO COVER GENERAL ADMINISTRATIVE COSTS, INCLUDING COORDINATION OF MONTHLY MEMBER MEETINGS, THE ANNUAL RALLY, AND OTHER ESSENTIAL PLANNING AND ORGANIZING ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

LAS VEGAS NEW MEXICO COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED WORKSHOPS AND COLLABORATIVE EFFORTS TO BUILD CAPACITY, IMPROVE COMMUNICATION, AND REDUCE DUPLICATION AMONG NONPROFITS IN MORA AND SAN MIGUEL COUNTIES. THIS FUNDING ENHANCED PARTNERSHIPS AND INCREASED SUCCESSFUL FUNDING INITIATIVES ACROSS EDUCATION, ARTS, SUSTAINABILITY, COMMUNITY DEVELOPMENT, HEALTH, AND HISTORIC PRESERVATION SECTORS.

NAME OF ORGANIZATION OR GOVERNMENT: LOS ALAMOS COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED CAPACITY BUILDING FOR LOS ALAMOS NONPROFITS THROUGH EXECUTIVE DIRECTOR ROUNDTABLES, TRAINING PROGRAMS, AND COMMUNITY AWARENESS INITIATIVES TO PROMOTE VOLUNTEERISM AND PHILANTHROPY.

NAME OF ORGANIZATION OR GOVERNMENT: MORA INDEPENDENT SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED STUDENT TRANSPORTATION AND RELATED FEES FOR EDUCATIONAL EXPERIENCES OUTSIDE OF SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT: MOVING ARTS ESPANOLA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED OPERATIONS AND PROGRAMS PROMOTING CULTURAL AWARENESS AND COMMUNITY BUILDING, PRIORITIZING STAFFING FOR YOUTH AND YOUNG ADULT SERVICES.

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NAME OF ORGANIZATION OR GOVERNMENT: NACIMIENTO COMMUNITY FOUNDATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED FOOD PANTRY OPERATIONS INCLUDING FOOD PURCHASES, FACILITY UPKEEP, EQUIPMENT REPLACEMENT, INSURANCE, FINANCIAL SERVICES, AND COMMUNICATION EXPENSES. FUNDS ENSURED CONTINUED COMMUNITY FOOD DISTRIBUTION AND ENHANCE PROGRAM EFFECTIVENESS.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL AUDUBON SOCIETY  
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT SUPPORTED AUDUBON SOUTHWESTS STAFF AND TEACHER STIPENDS, CURRICULUM DEVELOPMENT, AND ORGANIZATIONAL CAPACITY BUILDING. FUNDS COVERED TEACHER TRAINING, PROGRAM ADMINISTRATION, MATERIALS, AND PARTNER ORGANIZATION SUPPORT TO ENHANCE ENVIRONMENTAL EDUCATION IN TITLE 1 AND TRIBAL COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL LATINO BEHAVIORAL HEALTH ASSOCIATION (NLBHA)  
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT SUPPORTED THE CONNECTING OUR VOICES PROGRAM BY FUNDING PAID YOUTH INTERNS AND THE YOUTH ADVISORY COUNCIL IN NORTHERN SANTA FE AND SOUTHERN RIO ARRIBA COUNTIES. THESE YOUTH LEAD PREVENTION EFFORTS ADDRESS UNDERAGE DRINKING, SUBSTANCE ABUSE, AND BEHAVIORAL HEALTH, INCLUDING ADVOCACY, OUTREACH, AND MULTIMEDIA CAMPAIGNS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW MEXICO HOLOCAUST & INTOLERANCE MUSEUM  
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO THE NEW MEXICO HOLOCAUST AND INTOLERANCE MUSEUM SUPPORTED STATEWIDE EDUCATION OUTREACH BY TRAINING TEACHERS ON HUMAN RIGHTS AND SOCIAL JUSTICE, DEVELOPING BILINGUAL ARTS-INTEGRATED LESSON PLANS, AND CREATING TRAVELING EXHIBITS TO ENGAGE DIVERSE NEW MEXICO COMMUNITIES, ESPECIALLY UNDERSERVED AND RURAL AREAS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW MEXICO SUICIDE INTERVENTION PROJECT, INC. AKA THE SKY CENTER  
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT SUPPORTED OPERATIONS OF THE SKY CENTER/NMSIP TO PROVIDE BILINGUAL, NO-COST MENTAL HEALTH CARE AND PREVENTION SERVICES TO YOUTH, FAMILIES, AND COMMUNITIES IN NORTHERN NEW MEXICO, ADDRESSING RISING YOUTH SUICIDE RATES AND MENTAL HEALTH GAPS.

NAME OF ORGANIZATION OR GOVERNMENT: NM FRIENDS OF FOSTER CHILDREN  
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT SUPPORTED TARGETED OUTREACH, PROGRAM ADMINISTRATION, AND DIRECT ASSISTANCE TO FOSTER YOUTH AND THEIR FAMILIES ACROSS NORTHERN NEW MEXICO, PROVIDING RESOURCES TO MEET IDENTIFIED PHYSICAL, SOCIAL, EMOTIONAL, AND EDUCATIONAL NEEDS THAT HELP YOUTH THRIVE AND BUILD STRONGER FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN YOUTH PROJECT  
(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT SUPPORTED OPERATIONAL COSTS FOR INTERNSHIPS, STAFF AND COMMUNITY MENTORS, PARTICIPANT MEALS, AND TRANSPORTATION, INCLUDING STIPENDS FOR SUMMER INTERNSHIPS, PROGRAM FACILITATION, FUEL FOR THE NYP VAN AND FAMILIES, AND SNACKS FOR YOUTH ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: PAJARITO ENVIRONMENTAL EDUCATION CENTER (PEEC)  
(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED PEECS PLACE-BASED

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**Part IV Supplemental Information**

K-12 LEARNING PROGRAMS IN NORTHERN NEW MEXICO BY COVERING EDUCATOR SALARIES, CURRICULUM DEVELOPMENT, TRANSPORTATION COSTS FOR UNDER-RESOURCED SCHOOLS, LESSON MATERIALS, AND TECHNOLOGY SUBSCRIPTIONS LIKE THE CHRONOLOG COMMUNITY SCIENCE PROJECT. THIS FUNDING ENABLED EQUITABLE, HANDS-ON OUTDOOR EDUCATION THROUGH FIELD TRIPS AND LOCAL NATURAL SITES, EXPANDING OPPORTUNITIES BEYOND LOS ALAMOS COUNTY. FUNDING SUPPORTED COLLEGE TO CAREERS INTERNSHIPS FOR SUMMER 2024.

NAME OF ORGANIZATION OR GOVERNMENT:

PARTNERS IN EDUCATION FOUNDATION FOR THE SANTA FE PUBLIC SCHOOLS  
(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED CAPACITY BUILDING FOR TEACHER LEADERS AND ADMINISTRATORS THROUGH THE CENTER FOR TRANSFORMING EDUCATIONS EDUCATION AND OUTREACH PROGRAM AND THE NMCEWL NETWORK. IT ENABLED ONGOING WORKSHOPS, COLLABORATION, AND DEVELOPMENT OF RESOURCES, WHILE PROVIDING FLEXIBLE SUPPORT TO COVER OVERHEAD COSTS NOT COVERED BY FEDERAL GRANTS AND TO LAUNCH NEW INITIATIVES LIKE A LEADERSHIP FELLOWSHIP FOR COMMUNITY LAND STEWARDSHIP IN NEW MEXICO. FUNDING SUPPORTED MATH AMIGOS WORKSHOPS, CAMPS, AND COACHING FOR NORTHERN NEW MEXICO TEACHERS AND STUDENTS, INCLUDING STIPENDS FOR 22 TEACHERS ACROSS FOUR WORKSHOPS, SUMMER CAMPS FOR 10 STUDENTS, AND COACHING FOR EIGHT TEACHERS. ADDITIONAL SUPPORT INCLUDED A TEACHER PIPELINE PROGRAM, FAMILY OUTREACH MEETINGS, PROGRAM MANAGEMENT, AND WEBSITE RESOURCES TO ENHANCE MATH EDUCATION IN RURAL AND PUEBLO COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF JEMEZ

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED THE PUEBLO OF JEMEZ IN EXPANDING LANGUAGE IMMERSION COMMUNITY PROGRAMMING THAT STRENGTHENS FAMILY ENGAGEMENT AND ENHANCES CAREER SUPPORT, TRAINING, AND EDUCATION FOR YOUTH AND YOUNG ADULTS. THIS INCLUDED IMPROVING CTE PROGRAMS WITH ADDITIONAL CURRICULUM, WORKSHOPS, SPEAKERS, AND EXPERIENTIAL LEARNING OPPORTUNITIES TO BOOST STUDENT RECRUITMENT AND CAREER PATHWAYS. THIS GRANT FUNDED MATERIALS AND SUPPORT FOR THE COSMETOLOGY NM STATE CERTIFICATION PROGRAM AND ELECTRICAL DUAL CREDIT COURSES AT JEMEZ VALLEY HIGH SCHOOL AND PARTNER SCHOOLS. REMAINING FUNDS HELPED ESTABLISH NEW HEALTH-RELATED CERTIFICATION PROGRAMS FOR COMMUNITY CAREER GROWTH. FUNDING SUPPORTED CREATING A SENSORY-FRIENDLY, SOCIALLY AND EMOTIONALLY SAFE STUDENT-TEACHER LOUNGE BY FURNISHING IT WITH COMFORTABLE FURNITURE, SENSORY AND RELAXATION TOOLS, TECHNOLOGY, AND CULTURALLY APPROPRIATE ART SUPPLIES. THIS SPACE FOSTERS CO-CREATION AND SHARED OWNERSHIP, PROMOTING REST, CONNECTION, AND WELL-BEING FOR BOTH STUDE

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF PICURIS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS AWARD TO PUEBLO OF PICURIS ALLOCATED \$5,000 TO SUPPORT CULTURALLY RELEVANT EDUCATIONAL MATERIALS, PROFESSIONAL DEVELOPMENT FOR EDUCATORS, COMMUNITY ENGAGEMENT ACTIVITIES, SCHOLARSHIPS, AND STUDENT SUPPORT PROGRAMS. THE FUNDS ENSURED EQUITABLE ACCESS TO RESOURCES AND STRENGTHENED COMMUNITY COLLABORATION TO ENHANCE EDUCATIONAL OUTCOMES.

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF POJOAQUE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT FUNDED 12 STAFF MEMBERS TO ATTEND THE 2023 NAEYC CONFERENCE, ENHANCING THEIR SKILLS IN EARLY CHILDHOOD EDUCATION. TRAINING FOCUSED ON AGE-APPROPRIATE ACTIVITIES THAT SUPPORT CHILDREN'S COGNITIVE, EMOTIONAL, SOCIAL, AND PHYSICAL DEVELOPMENT. FUNDING SUPPORTED CAPACITY BUILDING FOR THE TEWA LANGUAGE

**Part IV Supplemental Information**

DEPARTMENT BY TRAINING SECOND-LANGUAGE LEARNERS TO BECOME PROFICIENT, CARING TEACHERS. THIS INCLUDES RECRUITING TRIBAL MEMBERS, WORKING WITH FLUENT SPEAKERS AND ELDERS, AND COMPENSATING THEM FOR THEIR VITAL CONTRIBUTIONS TO LANGUAGE REVITALIZATION.

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF SANTA ANA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED THE EDUCATION DEPARTMENT IN OFFERING WORKSHOPS AND COMMUNITY ACTIVITIES FOCUSED ON TRADITIONAL INDIGENOUS KNOWLEDGE AND FARMING PRACTICES. COLLABORATION WITH PUEBLO DEPARTMENTS ENSURED SUSTAINABLE, YEAR-ROUND CULTURAL AND ENVIRONMENTAL EDUCATION FOR ALL AGES.

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO OF TESUQUE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING COVERED 10% OF THE EDUCATION COORDINATORS SALARY AND FULL WAGES FOR THE TEWA LANGUAGE TEACHER, WHO PROVIDES WEEKLY CLASSES AT SANTA FE INDIAN SCHOOL. ADDITIONAL FUNDS SUPPORTED SUPPLIES, TRANSPORTATION, AND INDIRECT COSTS RELATED TO THE LANGUAGE PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: QUIVIRA COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT HELPED SUSTAIN AND EXPAND THE EDUCATION AND OUTREACH PROGRAM AND THE NMCEWL NETWORK, COVERING ESSENTIAL OVERHEAD COSTS NOT ALLOWED BY FEDERAL GRANTS. THIS FLEXIBLE FUNDING ENABLED NEW INITIATIVES LIKE THE LAND STEWARDSHIP RADIO PROJECT AND LEADERSHIP FELLOWSHIPS, HELPING TO BUILD COMMUNITY RESILIENCE AND EXPAND IMPACT.

NAME OF ORGANIZATION OR GOVERNMENT: R4 CREATING

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS LANL FOUNDATION GRANT SUPPORTED R4 CREATINGS CORE OPERATIONAL NEEDS, INCLUDING STAFFING, FACILITY RENT, AND EVALUATION TOOLS. THESE OPERATIONS ARE ESSENTIAL TO RUN PROGRAMS EFFECTIVELY AND MEASURE THEIR SUCCESS.

NAME OF ORGANIZATION OR GOVERNMENT: READING QUEST

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT PROVIDED GENERAL OPERATING SUPPORT FOR FREE WEEKLY TUTORING DURING THE SCHOOL YEAR AND TWO-WEEK SUMMER CAMPS FOR LOW-INCOME CHILDREN. FUNDING HELPED SUSTAIN AND EXPAND THESE DIRECT SERVICES THAT MAKE UP 86% OF PROGRAM EXPENSES.

NAME OF ORGANIZATION OR GOVERNMENT:

REGIONAL DEVELOPMENT CORPORATION (RDC)

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT PROVIDED SCHOLARSHIPS FOR NATIVE AMERICAN PARENTS, STUDENTS, AND TEACHERS FROM NORTHERN NEW MEXICO TO ATTEND THE LOOK ACROSS THE MOUNTAIN VIII EDUCATIONAL CONFERENCE. SCHOLARSHIPS COVERED REGISTRATION FEES AND MATERIALS, SUPPORTING ACCESS TO HANDS-ON SESSIONS IN STEM, CULTURE, ARTS, WELLNESS, AND CAREER EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: REUNITY RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED REUNITY RESOURCES EDUCATIONAL PROGRAMS THAT TEACH STUDENTS ABOUT FOOD ORIGINS AND HEALTHY EATING HABITS. FUNDS HELPED SUSTAIN THESE PROGRAMS AND SUPPORT THE NEW FARM EDUCATION MANAGER, ENHANCING REUNITYS GROWING IMPACT IN ENVIRONMENTAL AND FOOD EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA FE MOUNTAIN CENTER

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS FUNDING SUPPORTED EXPANDING THE EMERGENCE PROGRAM BY ADDING A FOURTH STAFF MEMBER TO INCREASE OUTREACH AND CULTURALLY APPROPRIATE PROGRAMMING IN NATIVE COMMUNITIES. IT ALSO HELPED EXTEND THERAPEUTIC ADVENTURE SERVICES TO MORE SCHOOLS ACROSS THE GREATER SANTA FE AREA AND NEIGHBORING COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA FE PREPARATORY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED A COORDINATOR POSITION AT ROCA TO MANAGE COLLEGE COUNSELING, SUMMER SESSIONS, RECRUITMENT, AND COMMUNITY ENGAGEMENT, EXPANDING ACCESS FOR RURAL AND INDIGENOUS STUDENTS. THIS ROLE INCREASES PROGRAM CAPACITY, DEEPENS STUDENT SUPPORT, AND BUILDS LONG-TERM COLLEGE ACCESS IN NORTHERN NEW MEXICO.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA FE RECOVERY CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING PROVIDED JOB READINESS WORKSHOPS, VOCATIONAL TRAINING, TRANSPORTATION ASSISTANCE, AND PROFESSIONAL ATTIRE SUPPORT TO CLIENTS SEEKING EMPLOYMENT. THIS COMPREHENSIVE SUPPORT HELPS CLIENTS OVERCOME BARRIERS AND SUCCESSFULLY ENTER THE WORKFORCE FOR LONG-TERM RECOVERY AND STABILITY.

NAME OF ORGANIZATION OR GOVERNMENT: SANTO DOMINGO PUEBLO

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED THE SUMMER ENRICHMENT INTERNSHIP PROGRAM FOR SANTO DOMINGO PUEBLO YOUTH, COVERING MOTIVATIONAL SPEAKERS, CULTURALLY RELEVANT MEALS, AND COLLABORATIVE LEARNING TOOLS. THIS PROGRAM NURTURES INTERNS MOTIVATION, WELL-BEING, AND TEAMWORK SKILLS TO PREPARE THEM FOR FUTURE CAREERS AND COMMUNITY LEADERSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: SILVER BULLET PRODUCTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING TO SILVER BULLET PRODUCTIONS SUPPORTED FILMMAKING WORKSHOPS FOR NATIVE AMERICAN STUDENTS AND TEACHERS AT LAPS, INCLUDING PROFESSIONAL INSTRUCTION, EQUIPMENT PURCHASE, AND ONGOING MENTORSHIP. IT ALSO COVERED FILM SCREENINGS WITH DISCUSSION PANELS AND OPPORTUNITIES FOR INTERNSHIPS AND CAREER DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIAL EMOTIONAL LEARNING ALLIANCE FOR NM

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED SUSTAINING AND EXPANDING SEL4NMS OPERATIONS, INCLUDING EXECUTIVE LEADERSHIP, VIDEO PRODUCTION, WEBSITE AND FINANCIAL SERVICES, TRAVEL, LEADERSHIP RETREATS, AND SUPPLIES. THIS GRANT HELPED SEL4NM BUILD ORGANIZATIONAL CAPACITY, FOSTER STATEWIDE SOCIAL AND EMOTIONAL LEARNING, AND ESTABLISH A PROFESSIONAL NETWORK FOR LONG-TERM IMPACT.

NAME OF ORGANIZATION OR GOVERNMENT:

SOLACE SEXUAL ASSAULT SERVICES DBA SOLACE CRISIS TREATMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED SOLACE SEXUAL ASSAULT SERVICES EDUCATION AND PREVENTION PROGRAMS FOR MIDDLE SCHOOL STUDENTS IN SANTA FE, FOCUSING ON MARGINALIZED YOUTH. THIS GRANT HELPED SUSTAIN A DEDICATED TEAM AND EXPAND OUTREACH ACROSS MULTIPLE SCHOOLS. WITHOUT IT, THEIR IMPACT WOULD BE REDUCED, LIMITING EFFORTS TO PREVENT SEXUAL AND GENDER-BASED VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING PROVIDED OPERATING SUPPORT FOR SAN ILDEFONSO DAY SCHOOL TO OFFER STUDENTS SKI AND SNOWBOARD LESSONS, INCLUDING EQUIPMENT RENTALS, ENABLING VALUABLE LEARNING EXPERIENCES OUTSIDE THE CLASSROOM.

NAME OF ORGANIZATION OR GOVERNMENT: STEMARTS LAB

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING HELPED EXPAND THE AMBASSADOR PROGRAM AND APPRENTICE BOOTCAMPS, INCREASING STEAM TRAINING AND LEADERSHIP OPPORTUNITIES FOR NORTHERN NEW MEXICO YOUTH AGED 14-29. THIS SUPPORT ENHANCED ONLINE CURRICULUM, ADD NEW CHALLENGES AND WEBINARS, AND GROW EDUCATOR AND COMMUNITY ENGAGEMENT. THE PROGRAM HAS SUCCESSFULLY REACHED THOUSANDS THROUGH FESTIVALS AND VR EVENTS AND AIMS TO SCALE ACCESS AND IMPACT STATEWIDE.

NAME OF ORGANIZATION OR GOVERNMENT:

TALPA COMMUNITY CENTER ASSOCIATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FUNDS SUPPORTED CORE OPERATIONS INCLUDING STAFFING, EDUCATIONAL MATERIALS, AND SUPPLIES FOR YEAR-ROUND AND SUMMER KIDS PROGRAMS, SUCH AS ARTS, CRAFTS, READING, AND LIBRARY ACTIVITIES, WITH SNACKS PROVIDED TO PARTICIPANTS.

NAME OF ORGANIZATION OR GOVERNMENT: TAOS COMMUNITY FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED TAOS NONPROFITS BY PROVIDING DEVELOPMENT RESOURCES, CONDUCTING A PARTNER SURVEY, AND ORGANIZING MEETINGS TO GATHER FEEDBACK AND GUIDE TAOS COMMUNITY FOUNDATIONS SUPPORT EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT: THE FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED PERSONNEL COSTS FOR STAFF WHO MENTOR AND ENGAGE YOUTH DAILY THROUGH PREVENTION, INTERVENTION, AND EDUCATIONAL PROGRAMS, HELPING TO RESTORE PARTICIPATION LEVELS IMPACTED BY THE PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT: THE TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING PROVIDED TEACHER STIPENDS TO SUPPORT COMPUTER SCIENCE EDUCATION TRAINING AND COMMUNITY ENGAGEMENT, HELPING EXPAND CULTURALLY RELEVANT CS PROGRAMS FOR INDIGENOUS STUDENTS IN NORTHERN NEW MEXICO.

NAME OF ORGANIZATION OR GOVERNMENT: THRIVE COMMUNITY SCHOOL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED THE PURCHASE OF CORE SEL INSTRUCTIONAL MATERIALS AND TRAINING FOR EDUCATORS TO IMPLEMENT THE COMPASS MODEL, ADVANCING RESTORATIVE JUSTICE PRACTICES AND SOCIAL-EMOTIONAL LEARNING ACROSS EXPANDING GRADE LEVELS.

NAME OF ORGANIZATION OR GOVERNMENT: TRUE KIDS 1

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING EXPANDED AND ENHANCED FREE AND SLIDING-SCALE AFTER-SCHOOL AND SUMMER PROGRAMS FOR TAOS COUNTY YOUTH, INCLUDING ARTS, MEDIA, AND LEADERSHIP ACTIVITIES, WITH ADDITIONAL STAFF SUPPORT TO SERVE AT-RISK POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

TWIRL, A PLAY AND DISCOVERY SPACE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED TWIRLS COMMUNITY OUTREACH PROGRAMS ACROSS TAOS COUNTY, COVERING STAFF TIME, TRAVEL, AND MATERIALS TO BRING ARTS AND LEARNING OPPORTUNITIES DIRECTLY TO STUDENTS

LOS ALAMOS NATIONAL LABORATORY  
FOUNDATION

Schedule I (Form 990)

74-2853972

Page 2

**Part IV Supplemental Information**

IN SCHOOLS AND LIBRARIES.

NAME OF ORGANIZATION OR GOVERNMENT: WEST LAS VEGAS PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED MORALE AND SOCIAL-EMOTIONAL WELL-BEING IN THE WLVS DISTRICT BY PROVIDING REGULAR MEALS AND CELEBRATIONS FOR STAFFSUCH AS BREAKFASTS, LUNCHESES, AND AN END-OF-YEAR COOKOUTTO RECOGNIZE THEIR DEDICATION AND RESILIENCE THROUGH RECENT CHALLENGES. ADDITIONALLY, THE GRANT ENABLED STUDENT RECOGNITION THROUGH REWARDS LIKE PIZZA AND ROOT BEER FLOAT PARTIES FOR POSITIVE BEHAVIOR, HONOR ROLL ACHIEVEMENTS, AND IMPROVED ATTENDANCE, HELPING TO FOSTER A SUPPORTIVE LEARNING ENVIRONMENT AMID ONGOING COMMUNITY HARDSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTHWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING SUPPORTED A LITERACY/NUMERACY TEACHER POSITION, PROVIDING ONE-ON-ONE INSTRUCTION TO YOUTH, ALONGSIDE UPGRADING INSTRUCTIONAL TECHNOLOGY WITH A SMARTBOARD, PROJECTOR, AND CLASSROOM SUPPLIES TO ENHANCE ENGAGEMENT AND LEARNING. THIS INVESTMENT HELPED YOUTHWORKS BETTER SERVE STUDENTS PURSUING ALTERNATIVE EDUCATION PATHWAYS THROUGH TAILORED ACADEMIC AND CAREER SKILLS TRAINING.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization <b>LOS ALAMOS NATIONAL LABORATORY FOUNDATION</b>	Employer identification number <b>74-2853972</b>
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**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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

**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) MIHAELA POPA-SIMIL VP OF FINANCE & OPERATIONS	(i)	176,390.	3,044.	0.	9,497.	45,718.	234,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALVIN WARREN VP OF ADVOCACY & C3P PROGRAMS	(i)	160,257.	3,249.	0.	8,662.	37,237.	209,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANTHONY FOX INTERIM PRESIDENT CEO (THRU 9/24)/VP OF INST. ADVANC	(i)	132,697.	3,249.	0.	8,759.	37,660.	182,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANNA MARIE GARCIA VP OF EARLY CHILDHOOD ED	(i)	141,887.	3,249.	0.	7,463.	20,528.	173,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://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	417,498. 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 ( )				
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** 0

30a During the year, did the organization receive by contribution any property reported on 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? **30a** 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? **31** X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** 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.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2024

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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, PROGRAM SERVICE ACCOMPLISHMENTS:

SCIENCE EDUCATION CONSORTIUM PROGRAM, IN 2024, APPROXIMATELY 2,600 STUDENTS & 135 TEACHERS ENGAGED ACROSS 20 SCHOOLS IN SIX DISTRICTS INCLUDING ONE BIE SCHOOL (OHKAY OWINGEH COMMUNITY SCHOOL) AND ONE CHARTER SCHOOL (MCCURDY CHARTER SCHOOL).

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 MEETING WHEN THE EXECUTIVE COMMITTEE ORIGINALLY DECIDED.

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

THE EXECUTIVE COMMITTEE CONSIST OF 7 MEMBERS: CHAIR, THE IMMEDIATE PAST CHAIR, VICE CHAIR, TREASURER, SECRETARY PLUS 2 AT-LARGE BOARD MEMBERS. THE EXECUTIVE COMMITTEE WILL HAVE THE POWER OF AND EXERCISE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE FOUNDATION BETWEEN MEETINGS OF THE BOARD, IN ALL MATTERS EXCEPT:  
(1) THE ELECTION OR REMOVAL OF OFFICERS;  
(2) THE APPOINTMENT OR REMOVAL OF DIRECTORS;  
(3) THE AMENDMENT OR REPEAL OF THESE BYLAWS;  
(4) THE EMPLOYMENT OR DISCHARGE OF THE PRESIDENT AND CEO; AND  
(5) ANY OTHER MATTERS OF CONCERN SPECIFICALLY REQUIRING BOARD ACTION BY LAW, THE ARTICLES, OR THESE BYLAWS.

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 15:

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

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

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
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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	1,649,586.
MANAGEMENT AND GENERAL EXPENSES	152,104.
FUNDRAISING EXPENSES	37,338.
TOTAL EXPENSES	1,839,028.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,839,028.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	TO OPERATE BUILDINGS OCCUPIED BY FOUNDATION	NEW MEXICO	274,007.	1,853,451.	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



**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**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 providing supplemental information.