

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493311006212

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Che	eck ıf ap	oplicable C Name of organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION		D Employer	identification number	
	dress cha	Doing Business As	-	74-2853 E Telephone		
Na	me char	nge		-		
	ial retur	Number and Steet (of FO box if mail is not delivered to steet address) Room/Suite	-	(505) 75:	3-8890 ots \$ 6,762,161	
_	mınated		_	C 01033 10001	5.5 \$ 0,7.02,101	
	ended r	City or town, state or country, and ZIP + 4 ESPANOLA, NM 87532 pending	_			
		F Name and address of principal officer		s a group ret		
		SUSAN HERRERA 1112 PLAZA DEL NORTE	affilia	tes?	⊤Yes ▽ No	
		ESPANOLA,NM 87532	H(b) Are al	l affiliates incl	uded?	
——— т Та	v-evem	pt status	_	•	st (see instructions)	
			H(c) Grou	p exemption	number F	
		: WWW LANLFOUNDATION ORG			T	
K For	n of org	anization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other ►	L Year of for	mation 1997	M State of legal domicile NM	
Pa	rt I	Summary				
Activities & Governance	Т	Briefly describe the organization's mission or most significant activities THE FOUNDATION'S MOST SIGNIFICANT ACTIVITIES ARE PROVIDING FU EDUCATIONAL ACTIVITIES IN NORTHERN NEW MEXICO	NDS FOR TI	HE SUPPORT	Γ OF CHARITABLE AND	
<u> </u>	-					
ĕ.	3 -	Check this box 🔭 if the organization discontinued its operations or disposed of	more than 2	5% of its not	accatc	
Ů.		Number of voting members of the governing body (Part VI, line 1a)	more than 2	3 / Ol 103 lie0	1	
жо У/ //		Number of independent voting members of the governing body (Part VI, line 1b)				
Ě		otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5		
<u>5</u>	6 T	otal number of volunteers (estimate if necessary)		6	75	
•	7a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12		7a	41,910	
	b∧	Net unrelated business taxable income from Form 990-T, line 34	T	7b	-1,678	
			Prio	r Year	Current Year	
활	8	Contributions and grants (Part VIII, line 1h)		4,182,222		
rent	9 10	Program service revenue (Part VIII, line 2g)		1,023,624		
Reven	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,375		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
		12)		5,193,471		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,412,729	_	
	14 15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines		0	0	
82	15	5–10)	882,509 1,0			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0			
ਲੌ	b	Total fundraising expenses (Part IX, column (D), line 25) • 209,873				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,449,159 3,1 5,744,397 7,2			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)				
<u> </u>	19	Revenue less expenses Subtract line 18 from line 12	Roginning	-	-1,587,390	
9 60 8 00 8 00 8 00 8 00 8 00 8 00 8 00 8				ear	End of Year	
3 48 3 48 3 48 3 48	20	Total assets (Part X, line 16)		65,078,773	62,934,827	
2 P	21			1,960,867		
				63,117,906	59,924,649	
Unde	21 22 rt III r penalt	Total assets (Part X, line 16)	Y edules and si	65,078,773 1,960,867 63,117,906	End of Year 62,934, 3,010, 59,924,	
	ledge a ledge.	N				
know	ledge.	***** Signature of officer		12-10-31		
Sign	ledge.	Signature of officer	20 Da			
Sign	ledge.					
Sign	ledge.	Signature of officer CATHERINE MARTINEZ-BERRYHILL TREASURER Type or print name and title		ite	spayer identification number	
Sign Here	ledge.	CATHERINE MARTINEZ-BERRYHILL TREASURER Type or print name and title Preparer's signature STEPHEN E LIVINGSTON CPA Date Chesel	Da eck if f	Preparer's tax (see instruction	payer identification number	
Sign Here	ledge. 1 e	CATHERINE MARTINEZ-BERRYHILL TREASURER Type or print name and title Preparer's signature STEPHEN E LIVINGSTON CPA Date Ch sel em	Da eck ıf	Preparer's tax	payer identification number	
Sign Here	n e arer's	CATHERINE MARTINEZ-BERRYHILL TREASURER Type or print name and title Preparer's signature STEPHEN E LIVINGSTON CPA Firm's name (or yours CLIFTONLARSONALLEN LLP if self-employed),	Da eck if f	Preparer's tax (see instruction	spayer identification number ons)	
Sign Here	n e arer's	CATHERINE MARTINEZ-BERRYHILL TREASURER Type or print name and title Preparer's signature STEPHEN E LIVINGSTON CPA Date Ch sel em Firm's name (or yours CLIFTONLARSONALLEN LLP	Da eck if f	Preparer's tax (see instruction P00317845	spayer identification number ons)	

Par	t III	Statement of Check if Schedule		rvice Accomplesponse to any qu		rt III .		্ন	
1	Brief	ly describe the orga	nızatıon's mıss	ion					
							TERING GIFTS AND IN NORTHERN NEV		ATED
2		ne organization unde rior Form 990 or 99					vere not listed on	┌ Yes ┌ No	
	If "Ye	s," describe these i	new services or	n Schedule O					
3		ne organization ceas ces?				it conducts,	any program	┌ Yes ┌ No	
	If "Ye	s," describe these o	changes on Sch	nedule O					
4	exper	nses Section 501(d	c)(3) and 501(c	:)(4) organizations	and section 494	17(a)(1) trust	est program services is are required to rep am service reported		
4a	(Cod) (Expenses \$	2,400,000	including grants of		400,000) (Revenue \$)	
	EDUC	CATIONAL ENRICHMENT	GRANTS ARE GIVE	N TO SCHOOL DISTRIC	CTS IN THE SEVEN N	ORTHERN NEW	MEXICO COUNTIES (EXC	EPT LOS ALAMOS)	
4b	THE S INCLU TRIAL	IRY SCIENCE EDUCATION SUPPORT OF INQUIRY S UDED IS THE LASER I3 F L OF INQUIRY SCIENCE	CIENCE IT IS CUR PROGRAM THAT IS IN NORTHERN NEV	RRENTLY WORKING WI PRIMARILY FUNDED B W MEXICO, HOUSTON A	ITH 400 TEACHERS I Y US DEPT OF EDUC AND NORTH CAROLII	VE PERFORMAN N 29 SCHOOLS I ATION FUNDS TO NA SIMILAR IN I) (Revenue \$ CE OF HIGH-NEED STUDI N 7 NORTHERN NEW ME D THE SMITHSONIAN TO PROGRAM TO THE ISEC, JNDATION IS A PARTNER	XICO SCHOOL DISTRICT DO A RANDOMIZED CO IT WORKS IN SCHOOLS	TS ALSO NTROL NOT IN
4c	(Code	e) (Expenses \$	353,256	ıncludıng grants of	\$	353,256) (Revenue \$)	
	ACAD CRUG	DEMIC SCHOLARSHIPS A CIAL TO THE SUCCESS O	RE PROVIDED TO S	STUDENTS PURSUING	UNDERGRADUATE DI	EGREES IN SCIE	NCE, ENGINEERING, OR N NEW MEXICO COUNTIE	OTHER FIELDS THAT AR S, INCLUDING LOS ALAN	RE MOS
	(Code	e) (Expenses \$	332,341	ıncludıng grants of	<u> </u>) (Revenue \$)	
	THE F		PROVIDES EDUCAT	TONAL HOME VISITATIONAL	ONS TO IMPROVE TH	•	VELLNESS OF FIRST-TIM	E FAMILIES AND BUILD	FAMILY
	(Code	9) (Expenses \$	250,210	ıncludıng grants of	¢.	250,210) (Revenue \$		
	•			· ·		•	CIENCE, TECHNOLOGY, N	/ MATH, AND ENGINEERIN	NG
	(Code	e) (Expenses \$	155,126	ıncludıng grants of	<u> </u>) (Revenue \$	85,549)	
	ANNU		IDES ONGOING PR	•		•	THE ISEC PROGRAM AND	•	TERESTED
	(Code) (Expenses \$	98,021	ıncludıng grants of	\$) (Revenue \$)	
	FOUN	NDATION DONATIONS SU	JPPORT THE MATH	AND SCIENCE ACADE	MY 				
	(Code	e) (Expenses \$	75,000	ıncludıng grants of	\$	75,000) (Revenue \$)	
	•			·			WHICH MEET A CRITICA	L NEED IN THE COMMU	JNITY
	(Code	e) (Expenses \$	1,112,134	ıncludıng grants of) (Revenue \$	1	
	PROG		NSES - THESE ARE	EXPENSES THAT ARE A	ALLOCABLE TO ALL OI	THE PROGRAM	S CONDUCTED BY THE C	ORGANIZATION AS PREV	TOUSLY
4d		er program services penses \$		Schedule O) including grants o	f \$	325,210)(R	evenue \$	85,549)	
4e	Tota	ıl program service e	xpenses ⊩ \$	6,579,43	1				

Part TV	Chec	klist of	Required	Schedules
4 1 1 7 7 7	CHEC	KIISL UI	Reduired	Scriedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νo
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	.1	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			•
	1a 34			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1 b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
_	·			NO
D	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
-	Was the organization a party to a prohibited tay chalter transaction at any time down the tay was 2	E-		NI e
a L	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		INO
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Described the second by the second se	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
ט	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
_	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Delth and the second of the se			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Vac " has it filed a Form 730 to report these payments? If "No " provide an explanation in Schodule O	الممدا		

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

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax							
14	year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5								
6	Did the organization have members or stockholders?	6		No				
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?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
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 in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	evenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	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?							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed▶NM							

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
 THE ORGANIZATION
 1112 PLAZA DEL NORTE

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		,	organizations
(1) LIDDIE MARTINEZ PRESIDENT	2 00	х		Х				0	0	0
(2) WILLARD WADT VICE PRESIDENT	2 00	х		Х				0	0	0
(3) RAYMOND CHAVEZ SECRETARY	2 00	х		Х				0	0	0
(4) CATHERINE MARTINEZ BERRYHILL TREASURER	2 00	х		Х				0	0	0
(5) SUSAN SEESTROM PAST PRESIDENT	2 00	х		Х				0	0	0
(6) CHARLES MCMILLAN EX OFFICIO	1 00	Х						0	0	0
(7) JULIE ABEYTA DIRECTOR	1 00	х						0	0	0
(8) CATHERINE A ALLEN DIRECTOR	1 00	Х						0	0	0
(9) PAULA BARON DIRECTOR	1 00	Х						0	0	0
(10) DON COBB DIRECTOR	1 00	Х						0	0	0
(11) JERRY ETHRIDGE DIRECTOR	1 00	х						0	0	0
(12) JEFFREY HOWELL DIRECTOR	1 00	Х						0	0	0
(13) WAYNE KENNEDY DIRECTOR	1 00	Х						0	0	0
(14) RICH MARQUEZ DIRECTOR	1 00	Х						0	0	0
(15) GINGER RICHARDSON DIRECTOR	1 00	Х						0	0	0
(16) ROD SANCHEZ DIRECTOR	1 00	Х						0	0	0
(17) MARY LOUISE WILLIAMS DIRECTOR	1 00	Х						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 (describe	on (d e that s per offic ector	n on son er a	e bo ıs b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of othe compensation from the organization and		
		hours for related organizations in Schedule O)	Individual trustaa or diiector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relate organizat	
(18) S CEO	SUSAN HERRERA	40 00			х				118,746	0		22,947
(19) \ DEPU	VENDY POMEROY IY DIRECTOR	40 00			х				81,420	0		5,778
	MIHAELA POPA-SIMIL	40 00			х				70,712	0		17,952
1b	Sub-Total				٠.	٠.		►				
С	Total from continuation sheets t	to Part VII, Sec	tion A		•	•		•	270 270			15 577
2	Total (add lines 1b and 1c) . Total number of individuals (inclusion),000 of reportable compens		nited to			ted	• above) who	270,878 o received more tha	0 n		46,677
											Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch	edule J for such	ındıvıd	ual .		•	•	•		· · · <u> </u>	3	No
4	For any individual listed on line 1 organization and related organization.									ch	4	No
5	Did any person listed on line 1a services rendered to the organize										5	No
Se	ction B. Independent Con	tractors										
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio										
	Nan	(A) ne and business add	dress						Descr	(B) iption of services	(C) Compens	ation
	Total number of independent conti \$100,000 of compensation from t			ot lin	nited	to	those	liste	d above) who receiv	ed more than		

Form 99								Page 9
Part V	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
#\$ ====	1a	Federated cam	paigns 1a					
E T	b	Membership du	es 1b					
s, ç	c	Fundraising eve	ents 1c					
<u>≆</u> ,ह	d	Related organiz	zations 1d					
Ę,	e	Government grants	s (contributions) 1e	2,021,225				
ntio er s	f	All other contribution	ons, gifts, grants, and 1f ot included above	2,028,831				
€€	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts	_		 s 1a-1f		4,050,056			
<u> </u>	h	Iotal. Add lines	S 1 a - 1 f		4,030,030			
ē	20	ANNUAL CONF. DEC	C FFFC	Business Code	05.540	25 540		
Program Service Revenue	2a b	ANNUAL CONF REC	3 FEE2	900099	85,549	85,549		
2 <u>4</u> 24	°							
Ş	d							
<u>3</u>	e							
ran	f	All other progra	am service revenue					
ွိ	-							
	g		s 2a-2f		85,549			
	3		ome (including dividen ar amounts)		1,083,484			1,083,484
	4		stment of tax-exempt bond		_,,			
	5			` · · · . •				
			(ı) Real	(11) Personal				
	6a	Gross rents	41,910					
	b	Less rental expenses	0					
	c	Rental income or (loss)	41,910					
	d		me or (loss)	+	41,910		41,910	
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	1,501,162					
		assets other than inventory						
	b	Less cost or other basis and	1,095,212					
	l c	sales expenses Gain or (loss)	405,950					
	d	Net gain or (los		▶	405,950			405,950
	8a	Gross income f						
ne		events (not inc	luding					
Other Revenue		\$ of contributions	reported on line 1c)					
Ŗ.		See Part IV, lin	ne 18					
₫	Ь	less directev	penses b					
₹	c		(loss) from fundraising	events 🟲				
	9a		rom gamıng actıvıtıes					
		See Part IV, lin	ne 19 a					
	ь	less directex	penses b					
	_ c		(loss) from gaming acti					
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	С	=	(loss) from sales of inv	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	C							
	d	All other revenue						
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶	5,666,949	85,549	41,910	1,489,434

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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,725,210	2,725,210		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	353,256	353,256		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	333,233	333/233		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	432,613	197,545	158,462	76,606
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	387,954	256,244	131,710	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,873	16,520	10,575	2,778
9	Other employee benefits	98,175	54,291	34,754	9,130
10	Payroll taxes	74,167	41,014	26,255	6,898
11	Fees for services (non-employees)				
а	Management				
ь	Legal	6,075	4,447	1,628	
С	Accounting	35,087	19,403	12,421	3,263
d	Lobbying				
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other	210,431	97,355	34,398	78,678
12	Advertising and promotion	30,633	30,322	311	
13	Office expenses	66,438	32,721	30,668	3,049
14	Information technology	8,979	6,859	2,120	
15	Royalties				
16	Occupancy	204,180	191,343	10,166	2,671
17	Travel	32,419	14,748	17,671	<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,944	13,586	3,120	238
20	Interest	93,119	61,811	24,794	6,514
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	170,185	139,347	24,422	6,416
23	Insurance	19,655	11,301	6,616	1,738
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	LASER (I3) MATCH	1,443,997	1,443,997		
b	FIRST BORN	332,341	332,341		
c	SRC	324,179	324,179		
d	MATH AND SCIENCE ACADEM	98,021	98,021		
e •	All other expenses	CO 400	440.570	65.056	44.004
f SE	All other expenses	60,408	113,570	-65,056	11,894
25	Total functional expenses. Add lines 1 through 24f	7,254,339	6,579,431	465,035	209,873
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 62,982 94,534 1 1 992.805 873.659 2 2 Savings and temporary cash investments 3 296,805 773,500 7.525 6.396 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 55,384 9 19,113 Prepaid expenses and deferred charges 2,125,851 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 476,557 b Less accumulated depreciation 1,697,314 **10c** 1,649,294 61,965,958 11 59,518,331 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 **15** 15 65,078,773 16 16 62,934,827 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 72,003 17 128,226 17 Accounts payable and accrued expenses . 18 736,822 18 1.760.891 19 59,166 19 47,780 20 20 21 1.932 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 1,087,374 23 1,069,711 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 3,570 3,570 25 D 26 1,960,867 26 3,010,178 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 691,178 27 716,261 Unrestricted net assets 19,330,294 28 16,024,778 28 Temporarily restricted net assets Fund 29 43,096,434 29 43,183,610 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 63.117.906 33 59.924.649 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 65.078.773 34 62.934.827

Pair	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,6	566,949
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,2	254,339
3	Revenue less expenses Subtract line 2 from line 1	3		-1,5	587,390
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		63,1	17,906
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,6	505,867
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		59,9	24,649
Par	The triangle of tr			৮	
		,		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot \cdot		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	issued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

LOS ALAMOS NATIONAL LABORATORY FOUNDATION 74-2853972 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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 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 described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document?

Total

(see

instructions))

Yes

No

Yes

No

Yes

Support Schedule for Organizations Described in IRC 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.)

-54	ection A. Public Support	c organization	ians to quanty t	ander the tests	iistea below, pie	case complete	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,624,03	1 4,709,337	4,206,078	4,182,222	4,050,05	6 21,771,724
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions	4,624,03	4,709,337	4,206,078	4,182,222	4,050,05	6 21,771,724
	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						3,737,045
_	(f)						
6	Public Support. Subtract line 5 from line 4						18,034,679
	ection B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	4,624,031	4,709,337	4,206,078	4,182,222	4,050,05	6 21,771,724
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,631,038	1,779,433	1,020,620	1,023,624	1,083,48	4 6,538,199
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						28,309,923
12	Gross receipts from related activiti					12	1,029,208
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	I, third, fourth, or f	ifth tax year as a	501(c)(3) orga	nization, ▶□
	ection C. Computation of Pul						
14	Public Support Percentage for 201	-		11 column (f))		14	63 700 %
15	Public Support Percentage for 2010	·	•		4.4 22	15	58 950 %
	33 1/3% support test—2011. If the and stop here. The organization qua	alıfıes as a public	ly supported orga	inization			► ✓
	33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization meets	n qualifies as a p — 2011. If the org tion meets the "	ublicly supported janization did not facts and circums	organization check a box on lir tances" test, che	ie 13, 16a, or 16t ck this box and st	o and line 14 op here. Explai	n orted
ь	organization 10%-facts-and-circumstances test	—2010. If the ord	ianization did not	check a box on lir	ie 13. 16a. 16b. o	or 17a and line	▶
	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nızatıon meets th	ie "facts and circu	ımstances" test, o	check this box an	d stop here.	cly
18	Private Foundation If the organizations	ion did not checl	c a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

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

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 74-2853972

Name: LOS ALAMOS NATIONAL LABORATORY FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program service	es				
(Code) (Expenses \$	332,341	including grants of \$) (Revenue \$)
				IMPROVE THE HEALTH AND WELLNESS O HROUGH EFFECTIVE COMMUNITY	F
(Code) (Expenses \$	250,210	including grants of \$	250,210) (Revenue \$)
EDUCATIONAL OUTREA TECHNOLOGY, MATH, A		O NONPR	ROFIT ORGANIZATION	NS THAT DO STEM WORK - SCIENCE,	
(Code) (Expenses \$	155,126	including grants of \$) (Revenue \$	5,549)
	PROVIDES ONGOING PRO TEACHERS INTERESTED			RIMARILY FOR TEACHERS IN THE ISEC	
(Code) (Expenses \$	98,021	including grants of \$) (Revenue \$)
FOUNDATION DONATION	ONS SUPPORT THE MATH	ANDSCI	ENCE ACADEMY		
(Code) (Expenses \$	75,000	including grants of \$	75,000) (Revenue \$)
COMMUNITY OUTREAC CRITICAL NEED IN THE		PROFITS	IN NEED OF FUNDING	TO COMPLETE PROJECTS WHICH MEET	Α
(Code) (Expenses \$	1,112,134	including grants of \$) (Revenue \$)
				LE TO ALL OF THE PROGRAMS CONDUCT T BEEN ALLOCATED TO THE INDIVIDUAL	

DLN: 93493311006212

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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. ► See separate instructions.

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

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

If the organization answered "Yes," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	e organi:	zatıon	
LOS AL	AMOS N	IATIONAL	LABORATORY	FOUNDATION

Employer identification number

74-2853972

Part I-A	Complete if the org	janization is exem	pt under section 501	L(c) or is a section	527 org	ganization.
----------	---------------------	--------------------	----------------------	-----	-------------------	---------	-------------

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

Part I-B	Complet	te if the o	rganization is	s exemp	t under	section	501(c)	(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? ☐ Yes
- If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? ┌ Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

section 4911 tax for this year?

	nedule C (Form 990 or 990-EZ) 2011	'	1 Cl. 1 E E760	Page 2			
12	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and	d filed Form 5/68	(election			
	Check If the filing organization belongs to a expenses, and share of excess lobb	an affiliated group (and list in Part IV each affiliated bying expenditures) x A and "limited control" provisions apply	d group member's name	, address, EIN			
	Limits on Lobbying E (The term "expenditures" means a	Expenditures	(a) Filing O rganization's Totals	(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public of	0					
b	Total lobbying expenditures to influence a legisl	0					
C	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures		7,254,339				
е	Total exempt purpose expenditures (add lines 1	exempt purpose expenditures (add lines 1c and 1d)					
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	512,717				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000					
		_					
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	128,179				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0				
j	If there is an amount other than zero on either li	ne 1h or line 1ı, did the organization file Form 4720	reporting	┌ Yes ┌ 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expendi	tures During 4	l-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount	421,258	421,703	437,220	512,717	1,792,898
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,689,347
C	Total lobbying expenditures					
d	Grassroots non-taxable amount	105,315	105,426	109,305	128,179	448,225
e	Grassroots ceiling amount (150% of line 2d, column (e))					672,338
f	Grassroots lobbying expenditures				lula C (Farma 200 s	

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493311006212

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** LOS ALAMOS NATIONAL LABORATORY FOUNDATION 74-2853972 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year -	g	
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌		
6 7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year		
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Yes	┌ No
9	In Part XIV, 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		

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

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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 SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Par	TITLE Organizations Maintaining Co	illections of Art	<u>, His</u>	toric	alTre	<u>asures, or O</u>	the	<u>r Similar Asse</u>	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne follo	owing tha	at are a significa	nt u	se of its collectior	1	
а	Public exhibition		d	Γ	Loan or	exchange progr	ams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ın hov	v thev	further t	he organization	's ex	rempt purpose in		
	Part XIV					-				
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	□ No
Par	Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the c	rganiza	ation answere		es" to Form 990),	<u> </u>
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets r		Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	ble	_				
								Amou	ınt	
С	Beginning balance					-	1c			
d	Additions during the year					-	1d			
е	Distributions during the year					L	1e			
f	Ending balance					L	1 f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Γ.	Yes	√ No
ь	If "Yes," explain the arrangement in Part XIV	/								
Pa	rt V Endowment Funds. Complete									
_		(a)Current Year	(b)	Prior Y		(c)Two Years Back	_)Three Years Back (e	e) Four '	ears Back
1a	Beginning of year balance	60,460,344		56,1	194,745	48,694,33	-	65,664,796		
Ь	Contributions	2,203,362			65,418	75,12	-	56,729		
С	Investment earnings or losses	-1,713,980		•	911,469	7,919,89	-	-16,784,534		
d	Grants or scholarships	4,144,819		1,7	711,288	38,00	0	242,654		
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	56,804,907		60,4	160,344	56,651,35	3	48,694,337		
2	Provide the estimated percentage of the year	r end balance held a	is							
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment 🕨 76 000 %									
С	Term endowment - 24 000 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	re held a	nd administered	for	the		
	organization by								Yes	No
	(i) unrelated organizations			•			•	3a(i)	Yes	
	(ii) related organizations							3a(ii)		No
	If "Yes" to 3a(II), are the related organization						•	3b		<u> </u>
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	<u>0, Ра</u>							
	Description of property				Cost or ot (Investm			(c) Accumulated depreciation	(d) Bo	ook value
1a	Land					165	,711			165,711
Ь	Buildings					1,306	,140	121,386		1,184,754
c	Leasehold improvements									
d I	Equipment					439	,528	234,370		205,158
e	Other					214	,472	120,801		93,671
Tota	I. Add lines 1a-1e (Column (d) should equal Fo		nn (B)	, line	10(c).) .					1,649,294
	· · · · · · · · · · · · · · · · · · ·	· · ·	. ,					Schedule D (F		

Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		of valuation
(including name of security)	(2)20011 14140	Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
			-
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
(
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,666,949
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,254,339
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,587,390
4	Net unrealized gains (losses) on investments	4	-1,605,867
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,605,867
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,193,257
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	'n
1	Total revenue, gains, and other support per audited financial statements	1	4,064,456
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	-1,602,493
3	Subtract line 2e from line 1	3	5,666,949
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,666,949
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	7,257,713
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
- а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	3,374
3	Subtract line 2e from line 1	3	7,254,339
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		. ,= ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,254,339
Pa	rt XIV Supplemental Information	<u> </u>	•

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	ENDOWMENT FUNDS ARE RESTRICTED TO USE FOR EDUCATIONAL ENRICHMENT AND SCHOLARSHIPS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		AS OF DECEMBER 31, 2011, THE FOUNDATION PERFORMED A REVIEW OF ITS MATERIAL TAX POSITIONS IN ACCORDANCE WITH RECOGNITION AND MEASUREMENT STANDARDS ESTABLISHED BY GAAP AS A RESULT OF THIS REVIEW, THE FOUNDATION QUALIFIED AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501 (C)(3) OF THE IRC AND DID NOT IDENTIFY ANY ENTITY LEVEL TAX POSITIONS THAT WOULD NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493311006212

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

Name of the organization						Employer identificati	on number
LOS ALAMOS NATIONAL LABORAT	IORY FOUNDATION					74-2853972	
Part I General Information	on on Grants and	Assistance				L	
Does the organization maintain the selection criteria used to available Describe in Part IV the organiz	ward the grants or ass	ıstance?					▽ Yes ▽
Part II Grants and Other A Form 990, Part IV, III Part IV and Schedule	ne 21 for any recipi	ent that received m	nore than \$5,000. Ch	eck this box if no one	recipient received	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							

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

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

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organ	nızatıon answered "\	Yes" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	-			

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS WERE AWARDED TO NORTHERN NEW MEXICO HIGH SCHOOL STUDENTS TO ATTEND THE COLLEGE OF THEIR CHOICE MOST AWARDS ARE MULTI-YEAR AWARDS	204	353,256	0		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference Explanation

Software ID:

Software Version: EIN: 74-2853972

Name: LOS ALAMOS NATIONAL LABORATORY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address (b) FIN (c) IRC Code (d) Amount of (e) Amount of (f) Method of (g) Description (h) Rurpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENIPC INC19 INDUSTRIAL PARK ROAD 3 SANTA FE,NM 87506	85- 0196692		15,000				TO EXPAND THE "BRIDGE TO COLLEGE" PROGRAM, AN ON-GOING INITIATIVE THAT ASSISTS NORTHERN NEW MEXICO MIDDLE AND HIGH SCHOOL STUDENTS WITH EDUCATIONAL SERVICES
PUEBLO DE SAN ILDEFONSO EDUCATION AND YOUTH DEPARTMENT ROUTE 5 BOX 315A SANTA FE,NM 87506	85- 0257748		15,000				TO ESTABLISH AN ORGANIC GARDEN AND YOUTH PRESENTATION SERIES UNDER A THREE-YEAR CURRICULUM THAT PRESENTS STEM CONCEPTS THROUGH A CULTURAL LENS

<u>'</u>							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER SOURCE4000 LEARNING ROAD NW ALBUQUERQUE, NM 87120	85- 0420092		15,000				TO ENGAGE SCHOOLS IN WATERSHED STEWARDSHIP AND MONITORING, PROVIDE TEACHER TRAINING, AND CONNECT STUDENTS AND COMMUNITIES WITH WATERSHED RESTORATION PROJECTS AND TECHNOLOGY FOR SHARING DATA ON WATERSHED HEALTH
SANTA FE COMMUNITY COLLEGE SCHOOL OF EDUCATION 6401 RICHARDS AVENUE SANTA FE,NM 87508	85- 0311615		15,000				TO SUPPORT TEACHER EFFICACY IN SCIENCE THROUGH PROJECT-BASED LEARNING IN A LAB SCHOOL ENVIRONMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA FE INDIAN SCHOOL PO BOX 5340 SANTA FE,NM 87502	85- 0346497		15,000				TO SUPPORT THE CENAC SCIENCE FAIR AND SCHOOL REFORM RALLY
BIG SKY LEARNING1114 HICKOX STREET UNIT G SANTA FE,NM 87505	85- 0392417		15,000				FOR THE DEVELOPMENT OF INTERNET- ASSISTED, PROJECT-BASED SCIENCE CURRICULA FOR USE AT SUMMER SCIENCE PROGRAMS AND PUBLIC SCHOOLS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTE DEL SOL CHARTER SCHOOL105 E MARCY STREET SUITE 114 SANTA FE,NM 87501	85- 0456767		10,000				TO SUPPORT "CONNECT A BRIDGE TO HIGH SCHOOL," A PROGRAM FOR 8TH-GRADE STUDENTS NEEDING REMEDIAL ASSISTANCE IN MATH
NORTHERN NEW MEXICO COLLEGE MATH CENTER921 NORTH PASEO DE ONATE ESPANOLA,NM 87532	84- 6000545		15,000				FOR THE DESIGNING AND IMPLEMENTATION OF SUPPORT- MODULES FOR 100 TO 400 LEVEL MATH/SCIENCE COURSES

							1
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA FE CHILDREN'S MUSEUM1050 OLD PECOS TRAIL SANTA FE,NM 87505	85- 0335070		15,000				TO SUPPORT ITS FREE AND LOW- COST SCIENCE OUTREACH PROGRAMS TO CHILDREN FROM PRE-K TO 8TH GRADE CLASSROOMS IN NORTHERN NEW MEXICO WHO CANNOT COME TO THE MUSEUM AND HANDS-ON, MATERIALS- RICH SCIENCE PROGRAM ACTIVITIES ON THE MUSEUM CAMPUS
CAMINO DE PAZ SCHOOL AND FARMO3A CAMINO DE PAZ PO BOX 669 SANTA CRUZ, NM 87567	04- 3762309		12,500				TO SUPPORT INTEGRATED, HANDS-ON STEM INSTRUCTION BASED ON THE OPERATION OF A CERTIFIED GOAT DAIRY, CONCEIVED, DESIGNED, AND BUILT (IN PART) BY MIDDLE- SCHOOL STUDENTS

	110 1/ 1 41 1 11						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VECINOS DEL RIOPO BOX 407 VELARDE, NM 87582	85- 0464041		12,000				FOR PETROGLYPH PRESERVATION, ACCOMPLISHED THROUGH THE EDUCATION AND TRAINING OF YOUTH AND CHILDREN
THE FOREST GUILDPO BOX 519 SANTA FE,NM 87504	85- 0446866		10,000				TO IMPLEMENT NATURAL RESOURCE SCIENCE AND MATH-BASED CURRICULA IN OUR YOUTH CONSERVATION CORPS ON-THE- GROUND EDUCATION AND TRAINING PROGRAM FOR NORTHERN NM YOUTH FROM FOREST-BASED COMMUNITIES IN SAN MIGUEL, TAOS, AND SANDOVAL COUNTIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANONES EARLY CHILDHOOD CENTERPO BOX 55 CANONES, NM 87516	85- 0367878		10,000			TO PLAN, TRAIN STAFF, AND IMPLEMENT A DEVELOPMENTALLY- APPROPRIATE COMPUTER LITERACY / MATH LITERACY OUTREACH PROJECT FOR PRESCHOOL CHILDREN LIVING IN ISOLATED, ECONOMICALLY IMPOVERISHED COMMUNITIES IN NORTHERN NEW MEXICO
NM MESA INC2808 CENTRAL SE STE 122 ALBUQUERQUE, NM 87106	85- 0371954		10,000			FOR CORE OPERATING SUPPORT FOR 1) EDUCATIONAL OUTREACH IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) TO MIDDLE/HIGH SCHOOL STUDENTS FROM DIVERSE ETHNIC GROUPS, INCLUDING STUDENT SUPPORT ACTIVITIES, 2) STUDENT TECHNOLOGY LITERACY IN RESEARCH, DATA ANALYSIS/INTERPRETATION, 3) TRAINING IN STEM DISCIPLINES FOR TEACHERS IN 11 SCHOOL DISTRICTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT HOSPITAL FOUNDATION455 MICHAELS DRIVE SANTA FE,NM 87505	85- 0282847		10,000				FOR THE CHRISTUS ST VINCENT 2011 HEALTHCARE EXPLORATION PROGRAM (HEP) TO PROVIDE STEM EDUCATION FOR 25 HIGH-SCHOOL STUDENTS AS THEY EXPLORE A WIDE RANGE OF HEALTHCARE CAREERS
THE MASTERS PROGRAM (LEA) 6401 RUCHARDS AVE SFCC ROOM LL320 SANTA FE,NM 87508	80- 0477817		10,000				FOR SAMPLE PREPARATION LABORATORY EQUIPMENT ASSOCIATED WITH THIS LABORATORY AS PART OF TMP'S "HANDS-ON" STEM PROGRAM AND PROVIDE FUNDS FOR PROFESSIONAL DEVELOPMENT OF TMP STAFF

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN YOUTH CORPSPO BOX 1960 RANCHOS DE TAOS, NM 87557	85- 0404817		8,500			TO SUPPORT EDUCATION AND TRAINING FOR SUMMER YOUTH CONSERVATION CORPS CREWS USING SERVICE LEARNING PRINCIPLES
HISPANICS IN PHILANTHROPY55 SECOND STREET STE 1500 SAN FRANCISCO, CA 94105	94- 3040607		6,000			TO SUPPORT HIP NM'S NETWORK OF GRANTMAKERS COMMITTED TO STRENGTHENING LATINO COMMUNITIES

						_	1
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON NEW MEXICO1800 UPPER CANYON ROAD SANTA FE, NM 87501	13- 1624102		5,900				TO ENGAGE STUDENTS FROM THE SANTA FE SCHOOLS PARTICIPATING IN THE NORTHERN NEW MEXICO INQUIRY SCIENCE EDUCATION CONSORTIUM (ISEC) IN INQUIRY AND SCIENCE-BASED NATURE EDUCATION PROGRAMS
INVENT NOW INC 3701 HIGHLAND PARK NW NORTH CANTON, OH 44702	34- 1580038		5,100				TO PROVIDE THEIR PROGRAMS TO UNDERSERVED CHILDREN IN RIO ARRIBA, LOS ALAMOS, SANTA FE, AND SANDOVAL COUNTIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMBUDO VALLEY LIBRARY AND COMMUNITY CENTERPO BOX 310 DIXON,NM 87527	85- 0314391		5,000				TO SURVEY THE AMOUNT AND NATURE OF SCIENCE PROGRAMMING FOR YOUTH CURRENTLY OFFERED BY LIBRARIES IN NEW MEXICO, TO CREATE AND TEST SCIENCE MODULES THAT INCORPORATE RESEARCH AND INQUIRY-BASED LEARNING, AND TO SHARE THE RESULTING CURRICULUM WITH RURAL LIBRARIES ACROSS THE STATE AND NATION
YOUTH SHELTERS PO BOX 28279 SANTA FE,NM 87592	85- 0324625		5,000				TO FUND ITS WORKFORCE AND EDUCATION INITIATIVE TO ASSIST RUNAWAY, HOMELESS, AND IN-CRISIS YOUTH IMPROVE BASIC COMPETENCY IN MATH AND SCIENCE SKILLS, AND ULTIMATELY ATTAIN THEIR GENERAL EQUIVALENCY DEGREE (GED) OR HIGH SCHOOL DIPLOMA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESPANOLA PUBLIC SCHOOLS714 DON DIEGO ESPANOLA, NM 87532	85- 6000289		990,170				TO SUPPORT THREE STEM INITIATIVES 1) EDUCATIONAL TECHNOLOGY THROUGH SUSTAINING INFRASTRUCTURE, NETWORK AND INTERNET COMMUNICATIONS FOR THE DISTRICTS EDUCATIONAL TECHNOLOGY INITIATIVES TO DEVELOP 21ST CENTURY LEARNING ENVIRONMENTS 2) PURCHASE INQUIRY SCIENCE KITS FOR DISTRICT-WIDE K-6 INQUIRY SCIENCE INSTRUCTION 3) TEACHER PROFESSIONAL DEVELOPMENT FOR STEM
SANTA FE PUBLIC SCHOOLS610 ALTA VISTA SANTA FE,NM 87505	85- 6000169		821,448				TO SUPPORT THE SANTA FE PUBLIC SCHOOLS LANL SCIENCE INITIATIVE TO ENHANCE TEACHING AND LEARNING WITHIN HANDS-ON SCIENCE-BASED INQUIRY INSTRUCTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	of	(h) Purpose of grant or assistance
POJOAQUE VALLEY SCHOOLS1574 STATE ROAD 502 SANTA FE,NM 87506	85- 0166355		205,000				FOR A TRUE-MOBILE NETWORK AND TO BEGIN FIRST ROUND OF 1 1 INITIATIVE AT OUR HIGH SCHOOL
JEMEZ VALLEY PUBLIC SCHOOLS8501 HIGHWAY 4 JEMEZ PUEBLO, NM 87024	85- 6003713		92,940				TO FUND A PARTIAL FTE, SITE LICENSES AND SOFTWARE SUBSCRIPTIONS, EMPLOYEE TRAINING, AND SUPPLIES/MATERIALS TO SUPPORT MATH, SCIENCE, AND TECHNOLOGY EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIO RANCHO PUBLIC SCHOOLS 500 LASER RD NE RIO RANCHO,NM 87124	85- 0414272		75,067				TO PROVIDE HANDS ON INQUIRY BASED MIDDLE SCHOOL SCIENCE EDUCATION AND TO SUPPORT THE HIGH SCHOOL SCIENCE RESEARCH EXPO IN AN EFFORT TO INCREASE STUDENTS' PARTICIPATION IN THE REGIONAL AND NATIONAL JUNIOR SCIENCE AND RESEARCH SYMPOSIA, AND THE INTEL INTERNATIONAL SCIENCE AND ENGINEERING FAIR
POJOAQUE VALLEY SCHOOLS1574 STATE ROAD 502 SANTA FE,NM 87506	85- 0166355		56,662				FOR THE DISTRICT TO PARTICIPATE IN THE LANL FOUNDATION INQUIRY SCIENCE EDUCATION CONSORTIUM FOR THE PURCHASE OF SCIENCE KITS FOR GRADES 4 - 6

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESA VISTA CONSOLIDATED SCHOOLSPO BOX 6 1253A HIGHWAY 554 EL RITO,NM 87530	85- 0198946		41,466			TO CONTINUE THE IMPLEMENTATION OF THE INQUIRY BASED SCIENCE PROGRAM AT OUR TWO ELEMENTARY SCHOOLS
JEMEZ MOUNTAIN SCHOOLSPO BOX 230 GALLINA,NM 87017	85- 0170973		25,737			TO PURCHASE SCIENCE AND MATH SHORT CYCLE ASSESSMENTS IN ORDER TO MEASURE STUDENT ACADEMIC GROWTH AND PROVIDE AFTERSCHOOL STEM RELATED LEARNING ACTIVITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENASCO INDEPENDENT SCHOOLSPO BOX 520 PENSASCO,NM 87553	85- 6000427		25,022				TO CONTINUE IMPLEMENTING AND EXPANDING THE EXPEDITIONARY SERVICE LEARNING PROGRAM
TAOS MUNICIPAL SCHOOLS213 PASEO DEL CANON TAOS,NM 87571	85- 6000179		24,307				TO CONTINUE PROVIDING STEM BASED CURRICULUM THAT ENABLES STUDENTS TO BE PREPARED TO SUCCEED IN THE 21ST CENTURY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERNALILLO PUBLIC SCHOOLS 224 N CAMINO DEL PUEBLO BERNALILLO, NM 87004	85- 6000791		17,353				TO SUPPORT THE STEM SISTERS ENRICHMENT PROGRAM FOR 8TH GRADE FEMALE STUDENTS
CHAMA VALLEY INDEPENDENT SCHOOLSPO BOX 10 TIERRA AMARILLA, NM 87575	85- 0194573		7,050				TO SUPPORT TECHNOLOGY ACROSS THE CURRICULUM FOR BOTH STAFF AND STUDENTS

As Filed Data -

DLN: 93493311006212

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION

Employer identification number

74-2853972

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT IS SENT BY EMAIL TO ALL BOARD MEMBERS FOR THEIR INFORMATION AND OPTIONAL REVIEW BASED ON RECOMMENDATIONS FROM THE FINANCE COMMITTEE AND ANY INPUT FROM OTHER BOARD MEMBERS, THE BOARD APPROVES THE FORM 990 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
	FORM 990, PART VI, SECTION B, LINE 15	IN CONSULTATION WITH THE CEO, THE EXECUTIVE COMMITTEE WILL ESTABLISH ANNUAL PERFORMANCE GOALS FOR THE CEO THE EXECUTIVE COMMITTEE WILL EVALUATE THE ANNUAL PERFORMANCE OF THE CEO THE EXECUTIVE COMMITTEE WILL REVIEW THE CEO'S PERFORMANCE SELF ASSESSMENT AND PROVIDE INPUT TO THE PRESIDENT 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 IN A GIVEN YEAR, WHEN THE BOARD APPROVES A CEO INCENTIVE BONUS POOL, IT WILL BE PERFORMANCE BASED THE ORGANIZATION COMPLETES AN ANNUAL SURVEY OF REGIONAL FOUNDATIONS' STAFF SALARIES AND COMPARES IT WITH COF ANNUAL SURVEY ON COMPENSATION, WHEN DETERMINING STAFF'S COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILIABLE ON THE ORGANIZATION'S WEBSITE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,605,867
SELECTION OF INDEPENDENT ACCOUNTANT	FORM 990, PART XII, LINCE 2C	THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R Related Or

DLN: 93493311006212

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

LOS ALAMOS NATIONAL LABORATORY FOUNDATION				74-2853	972		
Part I Identification of Disregarded Entities (Comp	lete ıf the organızatıo	n answered "Yes"	on Form 990,	Part IV, line 33.)		
(a) Name, address, and EIN 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		
(1) BUILDING EQUITY LLC 1112 PLAZA DEL NORTE ESPANOLA, NM 87532 20-8699677	OPERATE BUILDING OCCUPIED BY FOUNDATION & ONE OTHER TENANT	NM	134,530	1,375,931			
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete i the tax year.)	f the organization	answered "Ye	es" on Form 990,	Part IV, line 34 becau	ise it had	one
(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 sta (if section 501(c)	tus Direct controlling (3))	Section 5 cont	g) 512(b)(13 trolled nization
						Yes	No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50	135Y		Schedule R	(Form 990)	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(6)

Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)	Yes	No					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV										
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	s II-IV?								
а											
b	b Gift, grant, or capital contribution to related organization(s)										
c											
d	d Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
				1f							
f	f Sale of assets to related organization(s)										
g											
h	Exchange of assets with related organization(s)			1h							
i	Lease of facilities, equipment, or other assets to related organization(s)			1i							
j	Lease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u> 1k							
k											
I	l Performance of services or membership or fundraising solicitations by related organization(s)										
m	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
n	n Sharing of paid employees with related organization(s)										
0	Reimbursement paid to related organization(s) for expenses			10							
р	Reimbursement paid by related organization(s) for expenses			1p							
				1q							
q	q Other transfer of cash or property to related organization(s)										
r	r Other transfer of cash or property from related organization(s)										
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	icluding covered relati	onships and transact	ion thresholds							
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		unt					
(1)											
(2)											
(3)											
(4)											
(4)											
(5)											
(-)		1	1	I							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing 1 partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011