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GOVERNMENT COPY

Form **990**

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION		D Employer identification number 74-2853972
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1302 CALLE DE LA MERCED A		E Telephone number (505) 753-8890
		City or town, state or country, and ZIP + 4 ESPANOLA, NM 87532		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: WWW.LANLFOUNDATION.ORG

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **5,371,444.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	1,200,000.		
	b	Direct public support (not included on line 1a)	1b	1,571,929.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 2,747,579. noncash \$ 24,350.)	1e	2,771,929.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	45,433.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	105,567.		
	5	Dividends and interest from securities	5	1,416,130.		
	6a	Gross rents	6a			
	6b	Less: rental expenses	6b			
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		1,000,000.	8a			
		Less: cost or other basis and sales expenses	769,604.	8b	673.	
		Gain or (loss) (attach schedule)	230,396.	8c	-673.	
8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1	STMT 2	8d	229,723.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ 96,098. of contributions reported on line 1b)	9a	24,000.			
b	Less: direct expenses other than fundraising expenses	9b	39,357.			
9c	Net income or (loss) from special events. Subtract line 9b from line 9a	SEE STATEMENT 3		9c	-15,357.	
10a	Gross sales of inventory, less returns and allowances		8,385.			
		Less: cost of goods sold	STATEMENT 5	10b	8,425.	
		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	STMT 4	10c	-40.	
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	4,553,385.			
Expenses	13	Program services (from line 44, column (B))	13	5,685,152.		
	14	Management and general (from line 44, column (C))	14	256,075.		
	15	Fundraising (from line 44, column (D))	15	413,809.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses. Add lines 16 and 44, column (A)	17	6,355,036.		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-1,801,651.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	56,344,240.		
	20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 6	20	6,373,467.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	60,916,056.		

**LOS ALAMOS NATIONAL LABORATORY
FOUNDATION**

Form 990 (2006)

74-2853972 Page 2

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>1,200,000</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 1,200,000.	1,200,000.	STATEMENT 9	STATEMENT 11
22b Other grants and allocations (attach schedule) (cash \$ <u>3,622,869</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 3,622,869.	3,622,869.	STATEMENT 10	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 8	25a 207,853.	83,143.	83,141.	41,569.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 327,670.	199,623.	43,550.	84,497.
27 Pension plan contributions not included on lines 25a, b, and c	27 25,349.	15,329.	3,500.	6,520.
28 Employee benefits not included on lines 25a - 27	28 65,413.	38,153.	10,827.	16,433.
29 Payroll taxes	29 35,543.	19,051.	8,033.	8,459.
30 Professional fundraising fees	30			
31 Accounting fees	31 40,189.	21,541.	9,083.	9,565.
32 Legal fees	32 23,254.	15,197.	7,918.	139.
33 Supplies	33 16,947.	9,342.	3,500.	4,105.
34 Telephone	34 13,172.	7,060.	2,977.	3,135.
35 Postage and shipping	35 8,011.	4,249.	1,730.	2,032.
36 Occupancy	36 50,462.	37,041.	6,192.	7,229.
37 Equipment rental and maintenance	37 24,882.	14,142.	5,231.	5,509.
38 Printing and publications	38 25,642.	5,317.	8,636.	11,689.
39 Travel	39 54,452.	19,492.	6,326.	28,634.
40 Conferences, conventions, and meetings	40 39,390.	34,085.	2,584.	2,721.
41 Interest	41 735.		735.	
42 Depreciation, depletion, etc. (attach schedule)	42 14,716.	7,888.	3,326.	3,502.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 7	43g 558,487.	331,630.	48,786.	178,071.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 6,355,036.	5,685,152.	256,075.	413,809.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 12	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a EDUCATIONAL ENRICHMENT TO SUPPLEMENT THE EDUCATIONAL PROGRAMS IN PUBLIC SCHOOL DISTRICTS WHERE LABORATORY EMPLOYEES AND CONTRACTORS RESIDE.	
(Grants and allocations \$ 2,576,122.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,576,122.
b EDUCATIONAL OUTREACH EMPHASIZED PROGRAMS THAT FOSTER SCHOOL-TO-WORK INITIATIVES PRIMARILY IN THE AREAS OF MATH AND SCIENCE.	
(Grants and allocations \$ 439,763.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	439,763.
c COMMUNITY OUTREACH GRANTS WENT TO NONPROFITS IN NEED OF FUNDING TO COMPLETE PROJECTS WHICH MEET A CRITICAL NEED IN THE COMMUNITY.	
(Grants and allocations \$ 451,484.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	451,484.
d SCHOLARSHIPS PROVIDE ACADEMIC SCHOLARSHIPS TO STUDENTS PURSUING UNDERGRADUATE DEGREES IN SCIENCE, ENGINEERING OR OTHER FIELDS THAT ARE CRUCIAL TO THE SUCCESS OF THE LABORATORY.	
(Grants and allocations \$ 155,500.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	155,500.
e Other program services (attach schedule) SEE STATEMENT 13	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,062,283.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	5,685,152.

Form 990 (2006)

**LOS ALAMOS NATIONAL LABORATORY
FOUNDATION**

Form 990 (2006)

74-2853972 Page 4

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	73,832.	45	154,513.
	46 Savings and temporary cash investments	4,291,280.	46	688,941.
	47 a Accounts receivable	39.		
	b Less: allowance for doubtful accounts		200.	39.
	48 a Pledges receivable	411,411.		
	b Less: allowance for doubtful accounts	7,048.	244,761.	404,363.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	5,275.	53	36,158.
	54 a Investments - publicly-traded securities STMT 17 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	53,878,471.	54a	61,446,247.
	b Investments - other securities		54b	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation			55c
	56 Investments - other			56
	57 a Land, buildings, and equipment: basis	165,460.		
b Less: accumulated depreciation STMT 14	105,354.	40,184.	60,106.	
58 Other assets, including program-related investments (describe ▶ DONATED BOOKS)			58	
59 Total assets (must equal line 74). Add lines 45 through 58	58,534,003.	59	62,801,917.	
Liabilities	60 Accounts payable and accrued expenses	122,821.	60	172,653.
	61 Grants payable	2,066,942.	61	1,392,206.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 15		64b	23,502.
	65 Other liabilities (describe ▶ SEE STATEMENT 16)		65	297,500.
66 Total liabilities. Add lines 60 through 65	2,189,763.	66	1,885,861.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-99,884.	67	-61,824.
	68 Temporarily restricted	14,288,212.	68	18,718,544.
	69 Permanently restricted	42,155,912.	69	42,259,336.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	56,344,240.	73	60,916,056.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	58,534,003.	74	62,801,917.

Form 990 (2006)

**LOS ALAMOS NATIONAL LABORATORY
FOUNDATION**

Form 990 (2006)

74-2853972 Page 7

Part VI Other Information <i>(continued)</i>		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ NM		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	7
91 a	The books are in care of ▶ SUSAN HERRERA Telephone no. ▶ (505) 753-8890 Located at ▶ 1302A CALLE DE LA MERCED, ESPANOLA, NM ZIP + 4 ▶ 87532		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Form **990** (2006)

**LOS ALAMOS NATIONAL LABORATORY
FOUNDATION**

Form 990 (2006)

74-2853972 Page **8**

Part VI	Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country N/A				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		92	<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A	

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a FIRST BORN PROGRAM					45,433.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	105,567.	
96 Dividends and interest from securities			14	1,416,130.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	229,723.	
101 Net income or (loss) from special events			01	-15,357.	
102 Gross profit or (loss) from sales of inventory			05	-40.	
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,736,023.	45,433.
105 Total (add line 104, columns (B), (D), and (E))					1,781,456.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Line No.	Relationship of Activities to the Accomplishment of Exempt Purposes
	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	EDUCATION IS PROVIDED TO NEW PARENTS IN ACCORDANCE WITH THE EDUCATIONAL PURPOSES OF THE FOUNDATION'S MISSION.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X	Information Regarding Transfers Associated with Personal Benefit Contracts		Yes	No
	(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form **990** (2006)

LOS ALAMOS NATIONAL LABORATORY
FOUNDATION

Form 990 (2006)

74-2853972 Page 9

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

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

Please Sign Here

Signature of officer: *Susan Herred* Date: 6/14/07

Type or print name and title: Susan Herred, Executive Director

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 6/14/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BARRACLOUGH & ASSOCIATES, P.C.
P.O. BOX 1847
SANTA FE, NM 87504

Preparer's SSN or PTIN (See Gen. Inst. X): _____ EIN: _____ Phone no.: 505-983-3387

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ANTHONY FOX</u> 1302 CALLE DE LA MERCED, ESPANOLA, NM	PROGRAM OFF. 40.00	69,690.	21,284.	
<u>NICOLLA COVEY</u> 1302 CALLE DE LA MERCED, ESPANOLA, NM	PROGRAM OFF. 40.00	64,221.	11,419.	

Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>THE CLEMENTS GROUP, LLC</u> 175 S. MAIN, STE 975, SALT LAKE CITY, UT 84111	FUNDRAISING CONSULTANTS	172,008.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>GILA REGIONAL MEDICAL CTR.</u> 1313 EAST 32ND STREET, SILVER CITY, NM 88061	CONSULTANTS - FIRST BORN PROGRAM	78,169.

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>75.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 25	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 24	X	
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	X	
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

LOS ALAMOS NATIONAL LABORATORY

Schedule A (Form 990 or 990-EZ) 2006

FOUNDATION

74-2853972 Page 4

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,980,994.	10,515,779.	12,542,199.	7,373,486.	34,412,458.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	29,025.	22,450.	16,922.	110,785.	179,182.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,389,842.	1,226,402.	940,992.	731,939.	4,289,175.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	5,399,861.	11,764,631.	13,500,113.	8,216,210.	38,880,815.
24 Line 23 minus line 17	5,370,836.	11,742,181.	13,483,191.	8,105,425.	38,701,633.
25 Enter 1% of line 23	53,999.	117,646.	135,001.	82,162.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 774,033.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 38,701,633.
d Add: Amounts from column (e) for lines: 18 <u>4,289,175.</u> 19 _____ 22 _____ 26b _____					26d 4,289,175.
e Public support (line 26c minus line 26d total)					26e 34,412,458.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.9173%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		75.
38 Total lobbying expenditures (add lines 36 and 37)	38		75.
39 Other exempt purpose expenditures	39		5,152,960.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		5,153,035.
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
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	41	407,652.
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		101,913.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	407,652.	350,368.	344,161.	292,298.	1,394,479.
46 Lobbying ceiling amount (150% of line 45(e))					2,091,719.
47 Total lobbying expenditures	75.			2,595.	2,670.
48 Grassroots nontaxable amount	101,913.	87,592.	86,040.	73,075.	348,620.
49 Grassroots ceiling amount (150% of line 48(e))					522,930.
50 Grassroots lobbying expenditures				0.	0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e 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 other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

LOS ALAMOS NATIONAL LABORATORY
FOUNDATION

Employer identification number

74-2853972

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,694,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTERS AND SOFTWARE	VARIABLES	200DB	5.00	17	70,440.			70,440.	56,157.		5,819.
2	OTHER EQUIPMENT	VARIABLES	200DB	7.00	17	29,036.			29,036.	11,237.		6,702.
3	OFFICE FURNITURE	VARIABLES	200DB	7.00	17	38,052.			38,052.	21,077.		1,762.
4	LEASEHOLD IMPROVEMENTS	VARIABLES	200DB	3.00	17	2,600.			2,600.	2,167.		433.
5	VEHICLE	VARIABLES	200DB	5.00	17	25,332.			25,332.			0.
	* TOTAL 990 PAGE 2 DEPR					165,460.		0.	165,460.	90,638.	0.	14,716.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITIES	1,000,000.	769,604.	0.	230,396.
TO FORM 990, PART I, LINE 8	1,000,000.	769,604.	0.	230,396.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DELL COMPUTER	02/01/04	02/22/06	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
CINDY ATENCIO	0.	1,345.	0.	672.	-673.
TO FM 990, PART I, LN 8		1,345.	0.	672.	-673.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
10TH ANNIVERSARY BANQUET	120,098.	96,098.	24,000.	39,357.	-15,357.
TO FM 990, PART I, LINE 9	120,098.	96,098.	24,000.	39,357.	-15,357.

FORM 990 INCOME AND COST OF GOODS SOLD STATEMENT 4
INCLUDED ON PART I, LINE 10

INCOME

1. GROSS RECEIPTS	8,385	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		8,385
4. COST OF GOODS SOLD (LINE 13)	8,425	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		-40

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	19,975	
11. ADD LINES 6 THROUGH 10		19,975
12. INVENTORY AT END OF YEAR	11,550	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		8,425

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	5
DESCRIPTION		AMOUNT	
DONATED BOOKS		20,000.	
LESS LOST BOOK REPLACEMENT		-25.	
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B		19,975.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		6,373,467.	
TOTAL TO FORM 990, PART I, LINE 20		6,373,467.	

FORM 990	OTHER EXPENSES				STATEMENT	7
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
CONTRACTUAL LABOR	2,866.	2,866.				
PROFESSIONAL						
FEE/SERVICES	27,369.	7,111.	18,909.	1,349.		
MATH & SCIENCE						
ACADEMY	163,499.	163,499.				
WEB DESIGN	21,603.	13,018.	7,154.	1,431.		
FIRST BORN PROGRAM	78,696.	78,696.				
INSURANCE	7,243.	3,882.	1,637.	1,724.		
MEMBERSHIPS AND						
SUBSCRIPTIONS	2,071.	1,110.	468.	493.		
BANK, CREDIT CARD,						
AND LATE FEES	1,502.	70.	725.	707.		
FUNDRAISING						
CONSULTANT	127,486.			127,486.		
PUBLIC RELATIONS	88,163.	42,632.	14,182.	31,349.		
PROFESSIONAL						
DEVELOPMENT	8,768.	2,642.	4,509.	1,617.		
EVENT MEALS	23,877.	13,228.		10,649.		
ANNUAL REPORT	5,319.	2,851.	1,202.	1,266.		
LOST BOOK	25.	25.				
TOTAL TO FM 990, LN 43	558,487.	331,630.	48,786.	178,071.		

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 8
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SUSAN HERRERA	127,966.	25,182.		153,148.
A. PROGRAM SERVICES	51,187.	10,073.		61,260.
B. MANAGEMENT AND GENERAL	51,186.	10,073.		61,259.
C. FUNDRAISING	25,593.	5,036.		30,629.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MIHAELA POPA-SIMIL	44,339.	10,366.		54,705.
A. PROGRAM SERVICES	17,736.	4,147.		21,883.
B. MANAGEMENT AND GENERAL	17,736.	4,146.		21,882.
C. FUNDRAISING	8,867.	2,073.		10,940.

TOTAL PROGRAM SERVICES				83,143.
TOTAL MANAGEMENT AND GENERAL				83,141.
TOTAL FUNDRAISING				41,569.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				207,853.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS FROM DONOR ADVISED FUNDS	STATEMENT 9
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
PROGRAM AND FACILITIES LOS ALAMOS PUBLIC SCHOOLS 751 TRINITY DRIVE LOS ALAMOS, NM 87544	500,000.
TEENAGE PREGNANCY PROGRAM SANTA FE PUBLIC SCHOOLS 610 ALTA VISTA SANTA FE, NM 87505	300,000.
EDUCATIONAL LAS CUMBRES LEARNING SERVICES 130 STATE ROAD 4 LOS ALAMOS, NM 87544	300,000.
RELIGIOUS TRINITY ON THE HILL EPISCOPAL CHURCH 3900 TRINITY DRIVE LOS ALAMOS, NM 87544	100,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22A	<u>1,200,000.</u>

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 10
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
COMMUNITY OUTREACH SEE DETAIL LIST ATTACHED	433,484.
EDUCATIONAL ENRICHMENT SEE DETAIL LIST ATTACHED	1,311,916.
SCHOLARSHIPS SEE DETAIL LIST ATTACHED	155,500.
EDUCATIONAL OUTREACH SEE DETAIL LIST ATTACHED	439,763.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	<u>2,340,663.</u>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 14

<u>DESCRIPTION</u>	<u>COST OR OTHER BASIS</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
COMPUTERS AND SOFTWARE	70,440.	61,976.	8,464.
OTHER EQUIPMENT	29,036.	17,939.	11,097.
OFFICE FURNITURE	38,052.	22,839.	15,213.
LEASEHOLD IMPROVEMENTS	2,600.	2,600.	0.
VEHICLE	25,332.	0.	25,332.
TOTAL TO FORM 990, PART IV, LN 57	165,460.	105,354.	60,106.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 15

LENDER'S NAME TERMS OF REPAYMENT

LOS ALAMOS NATIONAL BANK \$489.82/MO P&I

DATE OF NOTE MATURITY DATE ORIGINAL LOAN AMOUNT INTEREST RATE

07/19/06 08/19/11 25,333. 6.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

2006 TOYOTA HIGHLANDER TO PURCHASE VEHICLE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	23,502.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 23,502.

FORM 990 OTHER LIABILITIES STATEMENT 16

DESCRIPTION	AMOUNT
GRANT FUNDS RECEIVED IN ADVANCE	297,500.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	297,500.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 17

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
GENERAL ENDOWMENT POOL, MANAGED BY UNIV OF CALIFORNIA	FMV			61,446,247.	61,446,247.
TO FORM 990, LINE 54A, COL B				61,446,247.	61,446,247.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 18

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES	39,357.
COST OF DONATED BOOKS SOLD	8,425.
LOSS ON DISPOSAL OF COMPUTER	673.
TOTAL TO FORM 990, PART IV-A	48,455.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 19

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES	39,357.
COST OF DONATED BOOKS SOLD	8,425.
LOSS ON DISPOSAL OF COMPUTER	673.
TOTAL TO FORM 990, PART IV-B	48,455.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 20

DESCRIPTION	AMOUNT
DONOR ADVISED FUNDS RECORDED AS AGENCY FUNDS	1,200,000.
TOTAL TO FORM 990, PART IV-A	1,200,000.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 21

DESCRIPTION	AMOUNT
DONOR ADVISED FUNDS RECORDED AS AGENCY FUNDS	1,200,000.
TOTAL TO FORM 990, PART IV-B	1,200,000.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 22

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEFFREY HOWELL 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	PRESIDENT 2.00	0.	0.	0.
J. ALEX VALDEZ 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	VICE PRESIDENT 2.00	0.	0.	0.
SUSAN J. SEESTROM 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	SECRETARY 2.00	0.	0.	0.
DIANA MACARTHUR 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	TREASURER 2.00	0.	0.	0.
FLORENCE JARAMILLO 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	PAST-PRESIDENT 2.00	0.	0.	0.
WILLARD WADT 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	CHAIR, MGMT COMMITTEE 2.00	0.	0.	0.
MICHAEL ANASTASIO 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	EX OFICIO MEMBER 1.00	0.	0.	0.
JOHN BIRD 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR 0.00	0.	0.	0.

ED BURCKLE 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR (RESIGNED 2006) 1.00	0.	0.	0.
JILL COOK 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR 1.00	0.	0.	0.
JOSE GRIEGO 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR (RESIGNED 2006) 1.00	0.	0.	0.
JOE GUILLEN 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR 1.00	0.	0.	0.
PAUL HOFFMAN 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR 1.00	0.	0.	0.
WAYNE KENNEDY 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR 1.00	0.	0.	0.
LIDDIE MARTINEZ 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR 1.00	0.	0.	0.
ROD SANCHEZ 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR 1.00	0.	0.	0.
JOSEPH SCARPINO 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR 1.00	0.	0.	0.
PHILIP M. SMITH 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	DIRECTOR 1.00	0.	0.	0.
SUSAN HERRERA 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	EXECUTIVE DIRECTOR 40.00	127,966.	25,182.	0.
MIHAELA POPA-SIMIL 1302A CALLE DE LA MERCED ESPANOLA, NM 87532	CHIEF FINANCIAL OFFICER 40.00	44,339.	10,366.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>172,305.</u>	<u>35,548.</u>	<u>0.</u>

FORM 990

STATEMENT OF CHANGES IN ACTIVITIES
PART VI, LINE 76

STATEMENT 23

EXPLANATION

THE ORGANIZATION INITIATED THE FIRST BORN PROGRAM, WHICH IS A PROGRAM DESIGNED TO EDUCATE NEW PARENTS. IT IS A COMMUNITY-BASED PROGRAM THAT UTILIZES HEALTHCARE WORKERS AND COUNSELORS TO HELP FIRST-TIME PARENTS GET OFF TO A HEALTHY START IN LIFE.

SCHEDULE AEXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS
PART III, LINE 3A

STATEMENT 24

SEE ATTACHED INFORMATION REGARDING SCHOLARSHIPS AND GRANTS.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 25

ONE BOARD MEMBER WAS REIMBURSED \$2,161 FOR BOARD-RELATED EXPENSES.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 74-2853972
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	14,716.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	14,716.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization LOS ALAMOS NATIONAL LABORATORY FOUNDATION	Employer identification number 74-2853972
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1302 CALLE DE LA MERCED, NO. A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ESPANOLA, NM 87532	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2006** or
 ▶ tax year beginning _____, and ending _____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.