### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information. , 2021, and ending A For the 2021 calendar year, or tax year beginning , 20

					T			
В	Check	if applicable:	C		- ' '		fication number	
	A	ddress change	Livermore Lab Foundation			<u> 2567</u>		
	N	ame change	1111 Franklin Street		E Telepho	ne numb	per	
	Ir	itial return	Oakland, CA 94607		925	453-	-9382	
	Fi	nal return/terminated						
	Α	mended return			<b>G</b> Gross r	eceipts \$	705,	802.
	Α	pplication pending	F Name and address of principal officer: Dona Crawford	H(a) Is this	a group retur	n for sub	ordinates? Yes	X <sub>No</sub>
			Same As C Above	H(b) Are all	l subordinates " attach a list	included	l? Yes	No
ī	Tax	-exempt status:	X   501(c)(3)   501(c) ( ) ◀ (insert no.)   4947(a)(1) or   527	II INO,	allacii a iisl	See IIIS	tructions.	
J	We	bsite: ► 1 i	vermorelabfoundation.org	H(c) Group	exemption nu	ımber ►	-	
K	Forr	n of organization:	X Corporation Trust Association Other ► L Year of format				egal domicile: CA	
Pa		Summar			<u> </u>		<u> </u>	
	1		be the organization's mission or most significant activities:Advancing	scien	tific	know	ledge and	
a)			g the next generation of science and technolog					oic
Governance			nts in world-class research, education, and in					
Шa			e National Laboratory.					
S/e	2	Check this bo				net ass	sets.	
			oting members of the governing body (Part VI, line 1a)			3		9
တ္	4		dependent voting members of the governing body (Part VI, line 1b)			4		7
i≘	5		of individuals employed in calendar year 2021 (Part V, line 2a)			5		2
Activities &	6		of volunteers (estimate if necessary)			6		9
ď			ed business revenue from Part VIII, column (C), line 12 I business taxable income from Form 990-T, Part I, line 11			7a		0.
	D	Net unrelated	i business taxable income from Form 990-1, Part I, line 11			7b	C	0.
	8	Contributions	and grants (Part VIII Jing 1h)		Prior Year	7.0	Current Ye	
e	9		and grants (Part VIII, line 1h)		1,887,3	19.	705,	<u>,797.</u>
en	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)			21.		5.
Revenue	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			Z1.		
_	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,887,4	ΛΛ	705	,802.
	13		imilar amounts paid (Part IX, column (A), lines 1-3)		740,1			,370.
	14		to or for members (Part IX, column (A), line 4)		740,1	.50.	470,	, 370.
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		121,0	0.4	160	,422.
es	10-				121,0	94.	100,	422.
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)					
ă.	b		sing expenses (Part IX, column (D), line 25) ► 48,214.					
ш	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)		221,7	99.	350,	,632.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,083,0	43.	997,	,424.
	19	Revenue less	expenses. Subtract line 18 from line 12		804,3	57.	-291,	,622.
ts or ances					ng of Currer		End of Ye	
sets alan	20		(Part X, line 16)		1,046,6			,193.
Net Asset Fund Bala	21	Total liabilitie	s (Part X, line 26)		72,6	49.	5,	,846.
튛	22	Net assets or	fund balances. Subtract line 21 from line 20		973,9	69.	682,	,347.
Pa	rt II	Signatur	e Block					
Unde	er pena	Ities of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, and to are (other than officer) is based on all information of which preparer has any knowledge.	the best of n	ny knowledge	and belie	ef, it is true, correct,	, and
COIII	Jiete. L	I.	iter (ottler than officer) is based on an information of which preparer has any knowledge.					
		Signatu	re of officer	D.	ate			
Siç He	jn	. ,						
не	re		a Crawford	Chai	rman			
			print name and title					
		Print/Type p	preparer's name Preparer's signature Date		Check	<u> </u>	PTIN	
Pa			Meyers Monte Meyers		self-employ	ed ]	P01067312	
Pre	epar	er Firm's name	<u> </u>					
Us	e Or	ily Firm's addre	ess ▶ 2320 Oak St		Firm's EIN	<u>46</u> -	-0796445	
			Berkeley, CA 94708		Phone no.	510-	-999-6712	
May	/ the	IRS discuss th	is return with the preparer shown above? See instructions				X Yes	No

Part		Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly	y describe the organization's mission:	
	Adva	ancing scientific knowledge and inspiring the next generation of science and	
	tecl	hnology leaders via philanthropic investments in world-class research, education	on,
		innovation at Lawrence Livermore National Laboratory.	
	<u> </u>		
2	Did the	ne organization undertake any significant program services during the year which were not listed on the prior	-
		990 or 990-EZ?	No
		s," describe these new services on Schedule O.	
			No
			NO
		s," describe these changes on Schedule O.	
4	Descr	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expe	nses.
	and re	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experievenue, if any, for each program service reported.	1505,
1.0	(Code	e: ) (Expenses \$ 464,734. including grants of \$ 213,333.) (Revenue \$	
	•		
		h funding from the Clean and Sustainable Energy (CASE) Fund, LLF developed the	
		bon Cleanup Initiative - a website resource for general public education about	
	carl	bon neutrality and carbon management solutions. Grant funds also supported the	
	deve	elopment of a K-14 educational toolkit, including teacher professional develop	ment
	and	classroom lessons aligned with Next Generation Science Standards. More than 1	000
		ifornia students participated in the pilot during the 2021-22 academic year.	
4 b	(Code	e: ) (Expenses \$ 190,218. including grants of \$ 190,000.) (Revenue \$	)
	Fund	ding without donor restrictions and ALS Cure Project leveraged LLNL and Gladsto	one
		ertise to set the stage for what might be possible with Amyotrophic Lateral	
		erosis (ALS) or Lou Gehrig's disease. Using physics-based computational model:	ina
		multi-modal machine learning, scientists provided comparative experimental and	
			<u> </u>
		putational results, identifying the potential factors that lead to ALS and	
	Stu	dying populations that might be at higher risk.	
4 c	(Code	e: ) (Expenses \$ 150,628. including grants of \$ 78,370.) (Revenue \$	
		ough academic, community, and professional partnerships, LLF offers fellowship	
		ernship opportunities for high school through post doctoral scholars at Lawren	
		ermore National Lab. LLF provides direct student funding, allowing more time for	
	res	earch, studies, and ultimate success in scientific careers, and supports inter	<u>ns</u> _
	wit	h assigned Lab mentors and access to LLNL facilities and resources. Special for	cus
	is	on students from diverse and underrepresented populations in STEM fields. LLF	
		ding covers research-related equipment, conferences, travel, living expenses,	and
		ata A anata wat annound by TIMI	
	<u> </u>		
		r program services (Describe on Schedule O.)	
	<u>(Ех</u> ре	enses \$ including grants of \$ ) (Revenue \$ )	
4 e	Total	program service expenses ► 805,580.	

# Form 990 (2021) Livermore Lab Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
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.	11 b		Х
С	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.	11 c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
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		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
~-	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

# Form 990 (2021) Livermore Lab Foundation Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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 lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	bid 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		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
ı	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
•	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1.	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
I	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
RΔΔ			990 (	′2021\

# Form 990 (2021) Livermore Lab Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2 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 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	off 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 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, securities account, or other financial account)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	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 services provided to the payor?	7 a		Х
h	of the yalue of the payor:	7 a		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	, 5		
·	Form 8282?	7с		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring	_		
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.4 -		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.	. •		
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If 'Yes,' complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on 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 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 ..... Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... X 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? X a The organization's CEO, Executive Director, or top management official. See Schedule. O...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **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 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Dona Crawford 1111 Franklin Street Oakland CA 94607 925 453-9382

Form 990	(2021)	Livermore	Lah	Foundati	or

81-2567763

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Form 990 (2021)

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

BAA

Check this box if neither the organization nor any rela-	ted organiz	ation	con	nper	ısate	ed any	cu/	rrent officer, direct	or, or trustee.	
				(C)	)					
(A) Name and title	(B) Average hours per	is	both dir	an c ector	officer /truste	eck mo ss perso and a ee)		(D)  Reportable compensation from the organization	(E)  Reportable  compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Sally Allen	35									
Officer	0			Χ				130,842.	4,320.	0.
_(2) <u>Dona Crawford</u> Chair	$-\frac{10}{0}$	Х		Х				0.	0.	0.
(3) Greg Suski	4									
Secretary and Treasurer	0	Х		Χ				0.	0.	0.
(4) Michael Carter	2									
Director	0	Х						0.	0.	0.
(5) Brett Henrikson	2									
Director	0	Х						0.	0.	0.
_(6) Catharine Baker	2									
Director	0	Χ						0.	0.	0.
_(7) Craig Leasure	2									
Director	0	Χ						0.	0.	0.
_(8)_Emily_Wu	22									
Director	0	Χ						0.	0.	0.
_ <b>(9)</b> _Anantha_Krishnan	22									
Director	0	X						0.	0.	0.
(10) Charlene Zettel	22									
Director	0	Χ						0.	0.	0.
<u>(11)</u>										
(12)										
(13)										

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Part VII   Section A. Officers, Directors, 110	(B)	ney		1 <u>1</u> 1(0		es, a	anc	a riignest Com	ipensated Empi	oyees	(cont	inuea)
	, ,			•	•	than o		<b>(D)</b>	<b>(F</b> )		<b>(E)</b>	
(A) Name and title	Average hours per	box	, unle	ess pe	erson	than of is both or/trust	n an	( <b>D</b> ) Reportable	<b>(E)</b> Reportable	Fstim:	<b>(F)</b> ated am	nount
	week (list any	_	-					compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	compe	of other nsation	from
	hours for	Individual or director	stitut	Officer	ey en	ghes! nploy	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	rganiza d relate	ed .
	related organiza - tions	ctor	onal	_	Key employee	ee Com	ľ			orga	anizatio	115
	below dotted	Individual trustee or director	nstitutional trustee		ee	Highest compensated employee						
	line)		99			ated						
(15)												
(16)												
(17)												
		•										
(18)												
(19)												
(20)												
(21)	İ											
(22)												
(23)												
		•										
(24)												
(25)												
(23)												
1 b Subtotal							<b>&gt;</b>	130,842.	4,320.			0.
c Total from continuation sheets to Part VII, Secti							<b>&gt;</b>	0.	0.	0.		
d Total (add lines 1b and 1c)							<b>▶</b>	130,842.	4,320.			0.
2 Total number of individuals (including but not limited from the organization ► 1	i to triose i	istea	abov	ve) \	WHO	receiv	veu	more than \$100,00	o or reportable comp	ensatio	1	
											Yes	No
3 Did the organization list any <b>former</b> officer, direct	tor, truste	e, ke	ey ei	mplo	oyee	, or l	high	nest compensated	employee			
on line 1a? If 'Yes,' complete Schedule J for suc	th individu	ıal		• • • •						. 3		X
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate	f reportab	le co	mpe	ensa If '\	tion	and	oth	er compensation	from			
such individual										. 4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	n fr	om	any	unre	late	d organization or	individual	5		Х
Section B. Independent Contractors	s, compre		21100	iuic	3 10	340	πρ.	CISCII		.   •		
1 Complete this table for your five highest compen compensation from the organization. Report comper	sated ind	epen	dent	t coi	ntrac	ctors	tha	t received more the	nan \$100,000 of			
		tile c	aicii	uui .	ycai	Criun	ig v	(B)			C)	
Name and business add	ress							Description (	of services	Compe	ńsatio	on
2 Total number of independent contractors (including l		ited to	o tho	se I	isted	abov	ve) v	who received more	than			
\$100,000 of compensation from the organization	• 0											

#### Form 990 (2021) Livermore Lab Foundation 81-2567763 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue 1 a Federated campaigns . . . . . . . . Gifts, Grants, ilar Amounts **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations . . . . . . . 1 d e Government grants (contributions) . . . . 1 e 308,260 Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 397,537 **q** Noncash contributions included in 1 g lines 1a-1f. . . . . . . . . . h Total. Add lines 1a-1f..... 705,797 Business Code Program Service Revenue b **f** All other program service revenue. . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . . 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events ...... 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9 b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . I O a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue

705,802

0

0

d All other revenue . . e Total. Add lines 11a-11d.

Total revenue. See instructions......

Form 990 (2021) Livermore Lab Foundation 81–:

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	esponse or note to any	line in this Part IX		X
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	441,250.	441,250.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	37,120.	37,120.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	130,842.	52,337.	52,337.	26,168.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	20,706.	1,035.	13,459.	6,212.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,700.	1,000.	13, 133.	0,212.
9	Other employee benefits	5,406.	1,712.	2,656.	1,038.
10	Payroll taxes	11,468.	4,083.	4,908.	2,477.
11	Fees for services (nonemployees):				•
á	Management				
ŀ	Legal	735.		735.	
(	Accounting	15,931.		15,931.	
(	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCh.	296,876.	257,948.	28,578.	10,350.
12	Advertising and promotion	449.	2377310.	449.	10,000.
13	Office expenses	16,463.	10,095.	6,070.	298.
14	Information technology	6,824.	10,030.	5,153.	1,671.
15	Royalties	0,021.		0,100.	1,0,1.
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,646.		10,646.	
20	Interest	,		,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e	2,708.		2,708.	
á	expenses on Schedule O.).				
ì	,+				
(	:				
	<sub>1</sub> +				
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	997,424.	805,580.	143,630.	48,214.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).		220,000		,

# Form 990 (2021) Livermore Lab Foundation Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part $X \ldots$	<u></u>	<u></u> .	<u></u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing.	465,932.	1	547,750.
	2	Savings and temporary cash investments.	52,208.	2	47,814.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	528,478.	4	92,629.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
S	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges		9	
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,046,618.	16	688,193.
	17	Accounts payable and accrued expenses	72,649.	17	5,846.
	18	Grants payable		18	•
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
J	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	72,649.	26	5,846.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	124,071.	27	186,785.
Ва	28	Net assets with donor restrictions	849,898.	28	495,562.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.	3.25 / 3.3 0.		130/0021
ō	29	Capital stock or trust principal, or current funds		29	
ş	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	973,969.	32	682,347.
Ne	33	Total liabilities and net assets/fund balances.	1,046,618.	33	688,193.
_			1,010,010.		500, 100.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		705,8	802.
2	Total expenses (must equal Part IX, column (A), line 25)	2		997,	424.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	291,	622.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		973,	969.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		682,3	347.
Pa	rt XII Financial Statements and Reporting	<u> </u>		0017	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII				
	Officer in Octional Octional and a response of mote to any fine in this rail Air.			Yes	-
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			163	140
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
ı	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2	b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ite			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	С	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 :	a 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?		3	a	Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			-	
BAA	TEEA0112L 09/22/21		For	m <b>990</b>	(2021)

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

81-2567763

<u>Livermore Lab Foundation</u>

#### Form 990, Part VI, Line 11b - Form 990 Review Process

The finance and investment committee reviews the form 990 prior to signing, and a copy of the final form is provided to the full board upon filing.

#### Form 990. Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Directors, officers, and key employees are required on an annual basis to disclose financial, personal, or business interests that could give rise to a potential, or perceived conflict of interest. In cases where the Board determines that an insider has a conflict of interest, the Board shall: (A) Require that the interested person leave the meeting during the discussion of, and the vote on, the transaction or arrangement that may create the conflict of interest: and (B) Conduct any investigation necessary to evaluate the transaction, which may include investigating alternatives that present no conflict of interest, and/or compiling appropriate data, such as comparability studies, to determine fair market value for the transaction. After exercising due diligence, the Board shall determine whether proceeding with the transaction is in the Corporation's best interest.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The governing body reviews comparable salaries and approves the compensation of its CEO.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon reasonable request.

Schedule O (Form 990) 2021 Page 2

Name of the organization	Employer identification number
Livermore Lab Foundation	81-2567763

### Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B) Program	(C) Management	(D) Fund-
		Total	<u>Services</u>	& General	<u>raising</u>
Strategy & communications	Total \$	296,876. 296,876.	257,948. \$ 257,948.	28,578. \$ 28,578.	10,350. \$ 10,350.

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number Livermore Lab Foundation 81-2567763 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 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 on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	Section A. Public Support							
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	5,703.	142,222.	889,014.	1,887,379.	705,797.	3,630,115.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5,703.	142,222.	889,014.	1,887,379.	705,797.	3,630,115.	
6	Public support. Subtract line 5 from line 4						3,630,115.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total	
7	Amounts from line 4	5,703.	142,222.	889,014.	1,887,379.	705,797.	3,630,115.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30.	35.	33.	21.	5.	124.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.	
	Total support. Add lines 7 through 10						3,630,239.	
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.	
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage					
	Public support percentage for 20 Public support percentage from 2						100.00%	
	<b>33-1/3% support test—2021.</b> If the and <b>stop here.</b> The organization	ne organization di	d not check the bo	ox on line 13, an	d line 14 is 33-1/3	or more, check	99.97 %  < this box ►  X	
b	<b>33-1/3% support test—2020.</b> If th and <b>stop here.</b> The organization	e organization did	not check a box	on line 13 or 16a	a, and line 15 is 33	3-1/3% or more, o	theck this box	
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this I	box and stop here	. Explain in Part	VI how	
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a l-circumstances te	nd-circumstances est. The organizati	test, check this lion qualifies as a	box and <b>stop here</b> publicly supporte	LExplain in Part dorganization.	VI how the ►	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check thi	s box and see ins	structions ►	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		product compress.	<u> </u>						
	lar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2017	(8) 2010	(4) = 1.15	(4) 2525	(0) 2021	() 10(0)			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.									
3	Gross receipts from activities that are not an unrelated trade or business under section 513.									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.									
С	Add lines 7a and 7b									
8	Public support. (Subtract line 7c from line 6.)									
	tion B. Total Support					1				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total			
	Amounts from line 6									
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)									
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶			
	tion C. Computation of Pul					, ,				
	Public support percentage for 20	•			•		%			
	Public support percentage from 2					16	%			
	tion D. Computation of Inv									
17		•	• • •	-			%			
	Investment income percentage for						8			
	<b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐			
	33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section	-		
	509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI,</b> including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
b	If 'Yes,' provide detail in <b>Part VI.</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9a 9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

11. Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly in ridinately controls, either alone or together with persons described on lines 11h and 11c below, the governing body of a supported organization.  b A family member of a person described on line 11a above?  c A 35% carolite miting of a person described on line 11a above?  c A 35% carolite miting of a person described on line 11a above?  c A 35% carolite miting of a person described on line 10 above?  c A 35% carolite miting of a person described on line 10 above?  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or or more supported organizations have the power to require y appoint or ericcal a less at majority of the organization of granizations have the power to requirely appoint or ericcal a less at majority of the organization of organizations have the power or fore supported organizations (s) effectively operated, supervised, or controlled the approaches in Part VI how the supported organizations (s) effectively operated, supervised, or controlled the approaches or further approaches and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization provide organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  3 Did the organization organization from the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization or supported organization or supported organization or su	Part	t IV	Supporting Organizations (continued)			
a A person and othersty or indirectly controls, either alone or together with persons discribed on lines 11th and 11c below, the governing body of a supported organizations.  b A family member of a person described on line 11a above?  c A 30% controlled with of a person described on line 11a above?  1 Did the governing body, members of the governing body, efficiers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's efficiers, directors, or furtalises at all times during that a year? A low, describe in Part VI how the powers power allocated among the supported organization in the powers to appoint and/or remove officers, directors, or furtalises at all times during that any year? A low, describe in Part VI how providing such benefit carried out the purposes of the supported organizations and what controlled or remove officers, directors, or furtalises were allocated among the supported organizations and what controlled or remove officers, directors, or furtalises were allocated among the supported organizations of what powers to appoint and/or remove officers, directors, or furtalises of seath of the organization operate for the benefit of any supported organizations, and what provides a controlled the supporting organization.  1 Were a majority of the organization directors or furtalises during the tax year also a majority of the directors or furtalises of seath of the organization's supported organization(s)? If No. describe in Part VI how control or management of the supported organization's supported organization's provided organization's provided organization's appointed organization's provided organization's provided organization's governing documents in effect on the date of notification, and (iii) copies of the supported organization supported organization's provided organization's provided organization's provided organization's provided organization's provided organization's provid	11	Lloc t	the expenientian accepted a gift or contribution from any of the following persons?		Yes	No
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C A 35% controlled entity of a person described on line 11a or 11b above? If Yer's to line 11a, 11b, or 11b, provide debut in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of effects, threateds, or instense at all a times during the tax year? If Yes's describes in Part VI have the supported organization of effects, threated, supervised, or controlled the supported organization of the threated and more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the third provided distribution of the purposes of the supported organization? If Yes's, explain in Part VI have providing such benefit carried out the purposes of the supported organization? If Yes's, explain of Part VI have control or management of the supported organization was vested in the same persons that controlled or managed the supported organization(s).  Yes No  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization(s).  Yes No  1 Did the enginization supporting Organizations  1 Did the enginization provided to each of its supported organizations, by the last day of the fifth month of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's provided organization's				11a		
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section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organizations tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization(s) or (ii) serving on the governing body of a supported organization? If No, 'explain in Part VI how the organization(s) or (ii) serving on the governing body of a supported organization? If No, 'explain in Part VI how the organization(s) or (ii) serving on the governing body of a supported organization? If No, 'explain in Part VI how the organization organization and in the governing to the organization organization organization and in the governing to the organization organization organization and in the governing to the organization or					Yes	No
Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's directors, or trustees either (i) appointed organization and (iii) copies of the organization or (i) serving on the governing body of a supported organization? If No. 'explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organizations have a significant voice in the organization study in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a The organization satisfied the Activities Test. Complete line 2 below.  c The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization is the parent of each of its supported organizations.  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations was responsive? If Yes, then in Part VI identify those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substant	1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
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ı a	Type in Non-1 unctionary integrated 303(a)(3) Supporting Orga	iiiiZat	10113	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

10

10 Line 8 amount divided by line 9 amount

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8				
9	Distributable amount for 2021 from Section C. line 6	9				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

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Part VI

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

#### SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number Livermore Lab Foundation 81-2567763 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section 1 (a) Name and address of organization (d) Amount of cash grant (f) Method of valuation (b) EIN (e) Amount of noncash (a) Description of (h) Purpose of grant or government (book, FMV, appraisal, noncash assistance or assistance assistance (1) Lawrence Livermore Nat'l Lab ALS Research & 7000 East Avenue devl of pub Livermore, CA 94550 20-5624386 370,000 0 outreach (2) Gladstone Institute 1650 Owens Street Exam of TDP-43 San Francisco, CA 94158 dvnamics 23-7203666 0 20,000 (3) UC Merced Foundation 5200 North Lake Road Fellowship Merced, CA 95343 0 94-3250114 30,000 payments (4) Las Positas College Fdn 3000 Campus Hill Drive Fellowship Livermore, CA 94551 71-0942040 10,000 0. pavments (5) San Joaquin County Office develop & pilot 2922 Transworld Drive training Stockton, CA 95206 68-0342748 10,000 0 materials (6)

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Fellowship payments	15	37,120.			
2					
3					
4					
5					
6					
7					

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

#### Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Payment of grants requires written approval, designated monitors of the grant programs and measurable milestones.

BAA Schedule I (Form 990) 2021