Form	990
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EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



AF	or the	e 2022 calendar year, or tax year beginning and	ending		
B CH ap	neck if plicable	c Name of organization		D Employer identific	cation number
X	Addres	LIVERMORE LAB FOUNDATION			
	Name change	Doing business as		81-25677	63
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/			925-453-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,121,504.
	Ameno return	LIVERMORE, CA 94550		H(a) Is this a group re	
	Application pendin	F Name and address of principal officer: DONA CRAWFORD		for subordinates	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	1 '	list. See instructions
	/ebsit			H(c) Group exemption	
	orm of rt I	organization: X Corporation Trust Association Other	L Year	of formation: 2016 N	State of legal domicile: CA
Га	-	Summary	NOTNO	COTENCE AND	TNODIDINO
8		Briefly describe the organization's mission or most significant activities: <u>ADVA1</u> THE NEXT GENERATION OF SCIENCE AND TECHNO			INSPIRING
Activities & Governance					
/err		5		1.1	9 sets.
g		Number of independent voting members of the governing body (Part VI, line 1a)			<u>5</u> 7
ŏ		Total number of individuals employed in calendar year 2022 (Part V, line 12)			2
ties		Total number of volunteers (estimate if necessary)			<u> </u>
ĬŤ	0 7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		705,797.	2,120,045.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5.	383.
μ.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		705,802.	2,120,428.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		478,370.	936,553.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		168,422.	200,560.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25) 105, 20			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		350,632.	197,788.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		997,424.	1,334,901.
	19	Revenue less expenses. Subtract line 18 from line 12		-291,622.	785,527.
s or			Be	ginning of Current Year	End of Year
sset 3alau		Total assets (Part X, line 16)		688,193.	1,471,433.
Net Assets (Fund Balanc		Total liabilities (Part X, line 26)	······	5,846.	14,726.
ΖΞ	22	Net assets or fund balances. Subtract line 21 from line 20		682,347.	1,456,707.

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.

Sign	Signature of officer		Da	ate				
-	DONA CRAWFORD, CHAIR							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	NICHOLAS PETERSEN	Collidas Otersa	11/8/2023	if self-employed	P01274743			
Preparer	Firm's name ROBERT LEE &	ASSOCIATES, LLP	Fi	rm's EIN 27 –	1155496			
Use Only	Firm's address 999 W TAYLOR	STREET, STE A						
	SAN JOSE, CA	95126	PI	hone no. (4 08) 855-6770			
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
232001 12-1	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)							

Form	990 (2022) LIVERMORE LAB FOUNDATION 81-2	567763	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: ADVANCING SCIENCE AND INSPIRING THE NEXT GENERATION OF SCIENCE	E AND	
	TECHNOLOGY LEADERS		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota revenue, if any, for each program service reported.	l expenses, ar	nd
4a	(Code:) (Expenses \$ 86,982. including grants of \$ 73,994.) (Revenue \$)
	THROUGH ACADEMIC, COMMUNITY, AND PROFESSIONAL PARTNERSHIPS, L	LF OFFEI	RS
	FELLOWSHIPS AND INTERNSHIP OPPORTUNITIES FOR HIGH SCHOOL THRO		
	POST-DOCTORAL SCHOLARS AT LAWRENCE LIVERMORE NATIONAL LABORAT	JRY.	
4b	(Code:) (Expenses \$ 817,527. including grants of \$ 691,890.) (Revenue \$)
	THE CLEAN AND SUSTAINABLE ENERGY (CASE) FUND PROVIDED PARTIAL	GRANT	
	ASSISTANCE TO THE CARBON CLEANUP INITIATIVE - A WEBSITE RESO		
	GENERAL PUBLIC EDUCATION ABOUT CARBON NEUTRALITY AND CARBON M	ANAGEMEI	NT
	SOLUTIONS.		
4c	(Code:) (Expenses \$182,255. including grants of \$170,669.) (Revenue \$])
	LLF LEVERAGES THE LAWERENCE LIVERMORE NATIONAL LAB'S UNIQUE		
	SUPERCOMPUTING, BIOENGINEERING, AND BIOSCIENCE CORE COMPETENC ACCELERATE COLLECTIVE EFFORTS TO UNDERSTAND NEURODEGENERATIVE		E C
	SUCH AS AMYOTROPHIC LATERAL SCLEROSIS (ALS), ALZHEIMER'S, AND	DISEASI	60
	PARKINSON'S.		
44	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,086,764.	/	
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			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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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?			
	If "Yes," complete Schedule D, Part IV	9		X X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>		X X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a	_ <u>_</u>	<u> </u>
b		106		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
тэ 14а		13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1 -1 a		<u> </u>
5	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		x
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			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	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	<u> </u>		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2022) LIVERMORE LAB FOUNDATION		81-2567	763	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		<u> </u>
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (F	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organiza	tion solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gift	S			
	were not tax deductible?			6b		
7	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 ser	vices provi	ded to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	b			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c				v
				14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					х
	excess parachute payment(s) during the year?			15		<u> </u>
10	If "Yes," see the instructions and file Form 4720, Schedule N.	incorrect		10		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		<u> </u>
47	If "Yes," complete Form 4720, Schedule O.	+:, /:+:				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
0000	If "Yes," complete Form 6069.			Earra	990	(2022)
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Form 990	(2022)
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LIVERMORE LAB FOUNDATION

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

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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. X

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120	23	
C		12c	х	
10	on Schedule O how this was done	13	21	x
13 14	Did the organization have a written whistleblower policy?	14		X
14 15	Did the organization have a written document retention and destruction policy?	14		- 11
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	х	
	The organization's CEO, Executive Director, or top management official	15a	л	x
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
200	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	d fi		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a tinano	Jai	
~	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records DONA CRAWFORD - 925-453-9382			
	7000 EAST AVE., B661, L-794, LIVERMORE, CA 94550			

F

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average	Desition						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)				s both	n an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) SALLY ALLEN	35.00										
EXECUTIVE DIRECTOR				Х				133,116.	0.	4,320.	
(2) DONA CRAWFORD	10.00										
BOARD CHAIR		Х		Х				0.	0.	0.	
(3) GREG SUSKI	4.00										
SECRETARY, TREASURER		Х		Х				0.	0.	0.	
(4) CATHARINE BAKER	2.00										
DIRECTOR		Х						0.	0.	0.	
(5) MICHAEL CARTER	2.00										
DIRECTOR		Х						0.	0.	0.	
(6) BRETT HENRIKSON	2.00										
DIRECTOR		Х						0.	0.	0.	
(7) ANANTHA KRISHNAN	2.00										
DIRECTOR		Х						0.	0.	0.	
(8) CRAIG LEASURE	2.00										
DIRECTOR		Х						0.	0.	0.	
(9) EMILY WU	2.00										
DIRECTOR		Х						0.	0.	0.	
(10) CHARLENE ZETTEL	2.00										
DIRECTOR		Х						0.	0.	0.	
	1	I		L	I		L	1	I	Eorm 990 (2022)	

8

232007 12-13-22

Form 990 (2022)

	<u>990 (2022)</u> LIVERMORE	E LAB FO	UN	IDA	TI	ON	[81-2567	763	Pa	ıge 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	erage Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	pensat om the anization d relate anization	e on ed
16	Subtotal								133,116.	0.		4,32	20.
С	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.	0.		4,32	0.
2	Total number of individuals (including but no compensation from the organization								ceived more than \$100,	000 of reportable		<u> </u>	1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	uch individual	, 								3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual	-	4		x
See	rendered to the organization? If "Yes," com										5		Х
1	tion B. Independent Contractors Complete this table for your five highest cor	•	•							· ·	ation fro	om	
	the organization. Report compensation for t (A) Name and business			DNE			or wi		(B) Description of s		(C Compe		 ۱
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	niteo	d to f	thos C		ted	above) who received mo	pre than			

Form **990** (2022)

232008 12-13-22

					E LAB	FOUNDAT	ION		81-2567	763 Page 9
Par	rt V		Statement of Revo	enue						
			Check if Schedule O co	ontains a r	esponse	or note to any lir			(-)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1	a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	I				1b]			
Amo G		с	Fundraising events		1c					
Gift Iar J		d	Related organizations		1d		4			
ns, Simi			Government grants (contrib		<u>1e</u>		-			
er S	1		All other contributions, gifts, gr			120 045				
Oth			similar amounts not included a		<u>1f 2,</u> 1g \$	120,045.	-			
on Dd			Noncash contributions included in lin Total. Add lines 1a-1f	-			2,120,045.			
0 %			Total. Add lines faith			Business Code				
Ð	2	а								
, vic	-	b								
Ser		с								
am		d								
Program Service Revenue		е								
ā	1		All other program service re							
\rightarrow			Total. Add lines 2a-2f							
	3 Investment income (including dividends, interes						491.	491.		
	4		other similar amounts) Income from investment of			racaada	491.	491.		
	4 5		Royalties	-						
	Ŭ			(i)	Real	(ii) Personal				
	6	а	Gross rents	6a						
				6b			1			
				6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Se	curities	(ii) Other	4			
				7a	968.		-			
	l		Less: cost or other basis	_ 1	076					
venue					<u>,076.</u> -108.		-			
eve			· / ·····				-108.	-108.		
er Re			Net gain or (loss) Gross income from fundraising				100.	100.		
Other	0		including \$							
Ŭ			contributions reported on li							
			Part IV, line 18	, 	8a					
	I		Less: direct expenses							
			Net income or (loss) from fu	•						
	9	а	Gross income from gaming							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from ga Gross sales of inventory, les	-						
	10	a	and allowances							
	I	b	Less: cost of goods sold							
			Net income or (loss) from sa							
()						Business Code				
šou; e	11	а								
lane enu	I	b								
Miscellaneous Revenue		C								
Nis			All other revenue							
	12	e	Total. Add lines 11a-11d Total revenue. See instruction				2,120,428.	383.	0.	0.
232009		13-:					_,,			Form 990 (2022

Form 990 (2022)

LIVERMORE LAB FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	(.			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	835,549.	835,549.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	101,004.	101,004.		
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,				
Ũ	trustees, and key employees	138,157.	50,679.	43,544.	43,934.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	42,382.	4,847.	7,510.	30,025.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	6,234.	2,061.	1 0/0	2 224
9 10	Other employee benefits	13,787.	4,243.	<u>1,949.</u> 3,903.	<u>2,224</u> . 5,641.
10	Payroll taxes	13,707.	4,243.	5,905.	5,041.
11	Fees for services (nonemployees):				
	Management	1,745.		1,745.	
b		5,560.		5,560.	
	Accounting	5,500.		5,500.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g					
40	column (A), amount, list line 11g expenses on Sch 0.)	1,615.	235.	1,380.	
12	Advertising and promotion	1,013.	255.	1,500.	
13	Office expenses	3,123.	192.	1,065.	1,866.
14 15	Information technology	5,125.	172.	1,005.	1,000.
15	Royalties				
16 17	Occupancy	4,595.	896.	3,699.	
17	Travel Payments of travel or entertainment expenses	4,555.	050.	5,055.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,940.	1,200.	40,027.	8,713.
20	Interest	1575100		1070270	077200
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,024.	577.	1,678.	769.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CONSULTANTS	111,848.	75,790.	24,158.	11,900.
b	ADMINISTRATIVE	9,062.	2,275.	6,653.	134.
с	PROGRAM SUPPLIES	6,786.	6,786.		
d	BANK FEES	490.	430.	60.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,334,901.	1,086,764.	142,931.	105,206.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

232010 12-13-22

Check here

15591108 142001 120922.01

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

15591108 142001 120922.01

33

Total liabilities and net assets/fund balances

688,193.

33

1,471,433.

Form 990 (2022)

LIVERMORE	LAB	FOUNDATION
		1 0 0100111 1 010

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

(A) (B) Beginning of year End of year 547,750. 1,103,018. 1 1 Cash - non-interest-bearing 47,814. 47,834. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 220,136. 92,629. Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 100,445. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 688,193. 1,471,433. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 14,726. 5,846. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 25 of Schedule D 5,846. 14,726. 26 26 **Total liabilities.** Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 186,785. 27 439,069. 27 Net assets without donor restrictions 1,017,638. Net assets with donor restrictions 495,562. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 682,347. 1,456,707. Total net assets or fund balances 32 32

Assets

Liabilities

Net Assets or Fund Balances

Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 2 1, 334, 901. 3 Revenue less expenses. Subtract line 2 from line 1 3 785, 527. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 682, 347. 5 Net unrealized gains (losses) on investments 6 7 -11, 167. 6 0 7 -11, 167. 6 -11, 167. 7 Investment expenses 6 7 -11, 167. 8 0 0 9 0. 0 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances (explain on Schedule O) 9 0. 0 0 10 Net assets or fund balances (explain on Schedule O) 9 0. 0 1, 456, 707. Part XIII Financial Statements and Reporting X X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a <th></th> <th>1990 (2022) LIVERMORE LAB FOUNDATION</th> <th>81-2</th> <th>567763</th> <th>Pag</th> <th>_{ge} 12</th>		1990 (2022) LIVERMORE LAB FOUNDATION	81-2	567763	Pag	_{ge} 12
1 Total evenue (must equal Part VIII, column (A), line 12) 1 2,120,428. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,334,901. 3 Revenue less expenses. Subtract line 2 from line 1 3 785,527. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 682,347. 5 Net uncalized gains (losses) on investments 6 - - 6 7 Investment expenses 7 - - - - - - - - 1,456,707. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 1,456,707. - - 1,456,707. Part XII Financial Statements and Reporting X X - - - - - 1,456,707. 2a Ware the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - - 2a X Yes No <th>Pa</th> <th>rt XI Reconciliation of Net Assets</th> <th></th> <th></th> <th></th> <th></th>	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,334,901. 3 Revenue less expenses. Subtract line 2 from line 1 3 785,527. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 682,347. 5 Net unrealized gains (losses) on investments 5 -111,167. 6 0 6 -111,167. 7 Investment expenses 7 -111,167. 8 Prior period adjustments 8 -9 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 1,456,707. Check if Schedule 0 contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - If the organization changed its m		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,334,901. 3 Revenue less expenses. Subtract line 2 from line 1 3 785,527. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 682,347. 5 Net unrealized gains (losses) on investments 5 -111,167. 6 0 6 -111,167. 7 Investment expenses 7 -111,167. 8 Prior period adjustments 8 -9 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 1,456,707. Check if Schedule 0 contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - If the organization changed its m						
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,334,901. 3 Revenue less expenses. Subtract line 2 from line 1 3 785,527. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 682,347. 5 -11,167. 5 -11,167. 6 6 0 7 - 6 7 - 6 - - 8 Proir period adjustments 6 - - 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)) 1,456,707. Check if Schedule 0 contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box b	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 682,347. 5 Net unrealized gains (losses) on investments 5 6 -11,167. 6 6 7 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 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 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 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 1,456,707. Part XIII Financial Statements and Reporting X X 11 Check if Schedule O contains a response or note to any line in this Part XII X Yes 14 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 Trives, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Za X 16 Trives, 'check a box below to indicat	2		2	1,334	1,9	01.
5 Net unrealized gains (losses) on investments 6 7 6 7 7 8 9 9 10 1 Accounting method used to prepare the Form 990: 1 1 1 Accounting method used to prepare the Form 990: 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 3 4 5 1 5 5 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 6 2 5 5 <tr< th=""><td>3</td><td>Revenue less expenses. Subtract line 2 from line 1</td><td>3</td><td>785</td><td>5,52</td><td>27.</td></tr<>	3	Revenue less expenses. Subtract line 2 from line 1	3	785	5,52	27.
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 1, 456, 707. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements accountant? Yes No 1 Accounting method used to prepare the form 990: Cash S bot consolidated and separate basis S If "Yes," check a box below to indicate whether the financial statements accountant? 2a X I If "Yes," check a box below to indicate whether the financial statements accountant? 2b X I If	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	682	2,34	47.
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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 (E)) 10 1, 456, 707. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual Other Other If Yees, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: X If 'Yees,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis, or consolidated basis B Were the organization's financial statements and selection of an independent accountant? If 'Yees,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis B Were the organization's financial statements and selection of an independent accountant? If 'Yees,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	5	Net unrealized gains (losses) on investments	5	-11	.,1	<u>67.</u>
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 1 Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization 's financial statements audifed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization is financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization changed either its oversight process or selection process during the tax year, explain on Schedu	6		6			
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 1, 456, 707. Part XII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Image: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis Cb X If "Yes," check a box below to indicate whether the financial statements for the year were audited	7		7			
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 1,456,707. Part XIII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2a X 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Image: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Image: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Image: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Image: Separate basis Consolidated basis Both consoli	8		8			
column (B) 10 1,456,707. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X I 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X If "Yes," did the organization enquized audit or audits? If the organization did not undergo	9		9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other		column (B))	10	1,456	5,70	07.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construction of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		X
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If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
separate basis, consolidated basis, or both: Separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 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	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
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b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Image: Consolidated basis		separate basis, consolidated basis, or both:				
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X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Both consolidated and separate basis 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Consolidated basis Image: Consolidate		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparison of the second s		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
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	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
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 3b		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			_

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public

Т

Name of the o	organization
---------------	--------------

Nan	ie of i	the organization						Employer	Identification number
			RMORE LAB					8	1-2567763
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	5.	
The	organ	ization is not a private found							
1		A church, convention of ch					()(A)(i)		
	H						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2		A school described in sect							
3		A hospital or a cooperative	· •					<u>-</u> .	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(III). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	public described in
		section 170(b)(1)(A)(vi). (C			Ū			•	
8	\square	A community trust describe		(1)(A)(vi), (Complete Par	t II.)				
9	\square	An agricultural research org				ad in coniu	unction with a	land-arant	college
5		or university or a non-land-g							
			grant college of agric			name, city	, and state of i	ine college	
		university:						,	
10		An organization that norma	•					• •	•
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	s of the su	pporting
		organization. You must o							
b		Type II. A supporting org	-		tion with its	s sunnorte	d organization	n(s) by hav	rina
	L	control or management o	-				-		-
		organization(s). You mus			anic perso		introl of manag		bited
_					in connoct	ion with a	and functional		d with
с		J Type III functionally inte						y integrate	a with,
_		its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int	• •	e ,	•		•	an attentiv	veness
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	ıl								

Schedule A (Form 990) 2022

Part II

LIVERMORE LAB FOUNDATION

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	142,222.	889,014.	1887379.	705,797.	2120045.	5744457.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	142,222.	889,014.	1887379.	705,797.	2120045.	5744457.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						5744457.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	142,222.	889,014.	1887379.	705,797.	2120045.	5744457.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	25	2.2	01		202	177
_	and income from similar sources	35.	33.	21.	5.	383.	477.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						5744934.
	Total support. Add lines 7 through 10					10	5744954.
	Gross receipts from related activities,	-					
13	First 5 years. If the Form 990 is for th	0					
Sec	organization, check this box and stor ction C. Computation of Public						·····
	Public support percentage for 2022 (I			olumn (f))		14	99.99 %
	Public support percentage for 2022 (Public support percentage from 2021		-				100.00 %
	33 1/3% support test - 2022. If the						
100	stop here. The organization qualifies						V
h	33 1/3% support test - 2021. If the o		-				
~	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
a	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	withow the organiz	
h	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets the	0					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				
	······································		,	, , .,	,		(Form 990) 2022

232022 12-09-22

15 2022.05000 LIVERMORE LAB FOUNDATION 120922.1

	(Form 990)				FOUNDATION	~
Part III	Support	Schedule	for Organizations	Desc	ribed in Section 509(a)(2)

LIVERMORE LAB FOUNDATION

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
6	Total. Add lines 1 through 5						
7a	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				-		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6			_			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1	1	1	
	First 5 years. If the Form 990 is for th	L	I rst second third	fourth or fifth tax	vear as a section f	1 501(c)(3) organi:	l
	check this box and stop here	0	, , ,	,	,	0	
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Invest					1.01	
	Investment income percentage for 20			line 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the	-	-				%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-09-22			, , , , , , , , , , , , , , , , , , ,			le A (Form 990) 2022
			10	5			· ·

2022.05000 LIVERMORE LAB FOUNDATION 120922.1

LIVERMORE LAB FOUNDATION

1

2

3a

3b

3c

Yes No

Part IV Supporting Organizations

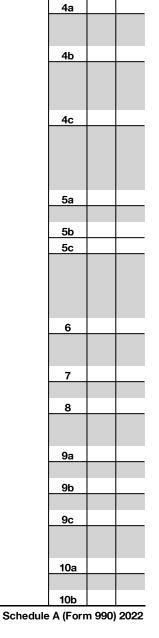
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- 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 Part VI what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 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).
- 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).*
- **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))? If "Yes," provide detail in **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* **Part VI.**
- 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 Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

17

232024 12-09-22



990) 2022 LIVERMORE LAB FOUNDATION

2

V. N

Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>d. or controlled the supporting organization</u>	า.
Section C. T	ype II Supporting Organizations	5

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Ves
 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's supported organization(s)? If "No," describe in Part VI how control or managed
 Image: Control of the support of the support

Section D. All Type III Supporting Organizations	
	_

			res	UNO I
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
---	--	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Schedule A (Form 990) 2022

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1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income	(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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Section C - Distributable Amount				Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 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. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reason-

1

Current Year

(iii)

Distributable

Amount for 2022

Schedule A (Form 990) 2022

g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020

Schedule A (Form 990) 2022

2

3

7

8

9

a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021

line 7:

and 4c.

d Excess from 2021 e Excess from 2022

f Total of lines 3a through 3e

Section D - Distributions **1** Amounts paid to supported organizations to accomplish exempt purposes

able cause required - explain in Part VI). See instructions.

3 Excess distributions carryover, if any, to 2022

Schedule A	(Form 990) 2022 LIVERMORE LAB FOUNDATION	81-2567763 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this p (See instructions.)	, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
32028 12-09-2	2	Schedule A (Form 990) 202
12-00-2	21	

SCH	EDULE D	Supplementa	al Financial Statements	5		F	OMB No. 15	645-0047
Form 9			anization answered "Yes" on Form 990,				201	77
Part IV, line 6, 7, 8, 9, 10, Department of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 00 for instructions and the latest information.				Open to Public	
							Inspecti	
Name o	of the organization	on LIVERMORE LAB FOUN	DATION		Emp		dentificatio	
Part	I Organiza	itions Maintaining Donor Advise	d Funds or Other Similar Funds	or Acc	coun	ts. c	omplete if th	ie
	organization	n answered "Yes" on Form 990, Part IV, lin	ie 6.					
			(a) Donor advised funds	(b) Fund	ds and	other accou	nts
1 T	otal number at er	d of year						
2 A	ggregate value of	f contributions to (during year)						
3 A	ggregate value of	f grants from (during year)						
4 A	ggregate value at	end of year						
5 D	id the organizatio	n inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	6	_		
a	re the organizatio	n's property, subject to the organization's	exclusive legal control?			L	Yes	N
6 D	id the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used on	ly			
fc	or charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conterrin	ig	_		
in	npermissible priva	ate benefit?				[Yes	N
	npermissible priva					[Yes	<u> </u>
in Part	mpermissible priva	ate benefit?	ganization answered "Yes" on Form 990, F			[Yes	<u> </u>
in Part	mpermissible priva II Conserva Purpose(s) of cons	ate benefit? ation Easements. Complete if the or	ganization answered "Yes" on Form 990, F on (check all that apply).	Part IV, I	ine 7.			
in Part	npermissible priva II Conserva Purpose(s) of cons Preservation	ate benefit? ation Easements. Complete if the org ervation easements held by the organization	ganization answered "Yes" on Form 990, F on (check all that apply).	Part IV, I	ine 7.	importa	ant land area	
in Part	npermissible priva II Conserva Purpose(s) of cons Preservation Protection o	ate benefit? ation Easements. Complete if the orgenization ervation easements held by the organization of land for public use (for example, recrea	ganization answered "Yes" on Form 990, F on (check all that apply). tion or education) Preservation of	Part IV, I	ine 7.	importa	ant land area	
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8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?
0	In Dart XIII, departing how the organization reports concernation economics in its revenue and evenence statement and

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

	inzation's accounting for conservation easements.							
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.							

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

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	,
	provide the following amounts relating to these items:	
	(i) Devenue included on Form 000 Dect VIII line 1	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
	(I) Revenue included on Form 990, Part VIII, line I	\$

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Sche		RE LAB FOUN						81-25			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, or	Other	Simila	r Assets	contin	iued)	
3	Using the organization's acquisition, accessi	on, and other records	s, chec	k any of the	following that	make sig	nificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	m					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how t	hey further th	he organizatio	n's exem	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, h	istorical trea	sures, or othe	r similar a	issets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orga	inization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if th	e organizatio	on answered "	Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:							
									Amount	1	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial accou	unt liability	y?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete								_		
		(a) Current year	(b)	Prior year	(c) Two years	s back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	0.									
b	Contributions	111,250.									
с	Net investment earnings, gains, and losses	362.									
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	968.									
f	Administrative expenses										
g	End of year balance	110,644.									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a	l)) held as:						
а	Board designated or quasi-endowment	100	_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion th	at are held a	nd administere	ed for the			-		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part I	V, line 11a. S	See Form 990,	Part X, lii	ne 10.				
	Description of property	(a) Cost or o			t or other	• •	cumulate	ed	(d) Bool	k valu	е
		basis (investn	nent)	basis	(other)	depi	reciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X <u>, colu</u>	mn (B), line 1	0c.)	<u></u>					0.
								Schedule	D (Form	ı 990)	2022

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
fotal . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(8) (9)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of lightility			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			(b) Book value
(8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			(b) Book value
(8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 LIVERMORE LAB FOUNDATION			81-2	2567763 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,119,667.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-11,167.		
b	Donated services and use of facilities	. 2b	10,406.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-761.
3	Subtract line 2e from line 1			3	2,120,428.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,120,428.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	1,345,307.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	10,406.		
b	Prior year adjustments	2b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	10,406.
3	Subtract line 2e from line 1			3	1,334,901.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	1,334,901.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND WILL RECOGNIZE A
LOSS CONTINGENCY WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS
OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE
REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND
MANAGEMENT JUDGEMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN
TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL
UNCERTAIN TAX POSITION OF ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE
COULD DIFFER FROM THE AMOUNT RECOGNIZED. AS OF DECEMBER 31, 2022,
MANAGEMENT DID NOT IDENTIFY ANY MATERIAL UNCERTAIN TAX POSITIONS.

SCHEDULE D PART V LINE 4	SCHEDULE	D	PART	v	LINE	4
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Schedule D	(Form 990)) 2022
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Part XIII Supplemental Information (continued)

THE QUASI-ENDOWMENT FUND IS ESTABLISHED AT THE UNIVERSITY OF CALIFORNIA

FOR THE PURPOSE OF PROVIDING LONG-TERM FINANCIAL STABILITY FOR THE

FOUNDATION.

Schedule D (Form 990) 2022

SCHEDULE I		rants and Oth					OMB No. 1545-0047		
(Form 990)		vernments, an ete if the organizatio					2022		
Department of the Treasury	Comp		Attach to Form				Open to Public		
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection		
Name of the organization	MORE LAB FOUNI	DATION					Employer identification number 81-2567763		
Part I General Information on G	arants and Assistance								
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? X Yes No									
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assista recipient that received more					anization answered "Y	′es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organiz or government	zation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
LAWRENCE LIVERMORE NATIONAL LABORATORY - 700 EAST AVENUE	-						ALS RESEARCH; CLIMATE		
LIVERMORE, CA 94550	20-5624386		354,549.	0.			CHANGE RELATED		
CLEAN AIR TASK FORCE 114 STATE STREET, 6TH FLOOR BOSTON, MA 02109	04-3512550	501(C)(3)	60,000.	0.			ECONOMIC ANALYSIS OF CARBON CAPTURE		
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	60,000.	0.			ALS		
CLIMATE NOW 8912 70TH AVENUE FOREST HILLS, NY 11375	83-4392671		300,000.	0.			PRODUCE MULTIMEDIA SCIENCE COMMUNICATIONS REGARDING CLIMATE CHANGE AND CARBON DIOXIDE		
SAN JOAQUIN COUNTY OFFICE OF EDUCATION - 2922 TRANSWORLD D - STOCKTON, CA 95206	RIVE 68-0342748	501(C)(3)	16,000.	0.			CARBON EDUCATION TOOLKIT AND FILOT TRAINING		
UNIVERSITY OF CALIFORNIA MERC 5200 NORTH LAKE ROAD MERCED, CA 95343	ED 94-3067788	501(C)(3)	40,000.	0.			STEM GRANT		
2 Enter total number of section 50				••		I	<u>5.</u>		
3 Enter total number of other organ							2.		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2022									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) 2022

LIVERMORE L	AB FC	DUNDATION
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81-2567763 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ELLOWSHIP PAYMENTS	40	101,004.	0.		

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

PART I, LINE 2:

PAYMENT OF GRANTS REQUIRES WRITTEN APPROVAL, DESIGNATED MONITORS OF THE

GRANT PROGRAMS, AND MEASURABLE MILESTONES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CLIMATE NOW

(H) PURPOSE OF GRANT OR ASSISTANCE: PRODUCE MULTIMEDIA SCIENCE

COMMUNICATIONS REGARDING CLIMATE CHANGE AND CARBON DIOXIDE MANAGEMENT

SOLUTIONS

SCHEDULE O (Form 990)

Name of the organization

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

Attach to Form 990 or Form 990-EZ

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

2022 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 81 - 2567763

LIVERMORE LAB FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11B:

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, SECTION B, LINE 12C:

AND KEY EMPLOYEES ARE REQUIRED ON AN ANNUAL BASIS TO DIRECTORS, OFFICERS, OR BUSINESS INTERESTS THAT COULD GIVE RISE TO DISCLOSE FINANCIAL, PERSONAL, 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 INTEREST: AND (B) CONDUCT ANY INVESTIGATION NECESSARY TO CONFLICT OF EVALUATE THE TRANSACTION, WHICH MAY INCLUDE INVESTIGATING ALTERNATIVES THAT PRESENT NO CONFLICT OF INTEREST, AND/OR COMPILING APPROPRIATE DATA, SUCH AS TO DETERMINE FAIR MARKET VALUE FOR THE TRANSACTION. COMPARABILITY STUDIES, AFTER EXERCISING DUE DILIGENCE, THE BOARD SHALL DETERMINE WHETHER PROCEEDING WITH THE TRANSACTION IS IN THE CORPORATION'S BEST INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE GOVERNING BODY REVIEWS COMPARABLE SALARIES AND APPROVES THE

COMPENSATION OF ITS CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REASONABLE

REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

15591108 142001 120922.01

FORM 990 PART XII, LINE 2C

THE FOUNDATION ESTABLISHED AN AUDIT COMMITTEE THIS YEAR TO OVERSEE THE

AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THE FOUNDATION DID

NOT HAVE AN AUDIT COMMITTEE IN PRIOR YEARS AS THIS YEAR WAS THE FIRST

YEAR THE FOUNDATION WAS SUBJECT TO AN AUDIT.

Schedule O (Form 990) 2022

232212 10-28-22