

<b>Form 5500</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089 <hr/> <b>2015</b> <hr/> <b>This Form is Open to Public Inspection.</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	<input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) _____	
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>		
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<input type="checkbox"/> special extension (enter description)		

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan <u>Lans 401(K) Savings Plan</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>002</u>	
	<b>1c</b> Effective date of plan	<u>06/01/2006</u>	
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LOS ALAMOS NATIONAL SECURITY, LLC</u> <u>BIKINI ATOLL RD, SM 30</u> <u>LOS ALAMOS, NM 87545</u>	<b>2b</b> Employer Identification Number (EIN)	<u>20-3104541</u>	
	<b>2c</b> Plan Sponsor's telephone number	<u>505-665-9651</u>	
	<b>2d</b> Business code (see instructions)	<u>541990</u>	

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	<u>Rosalind Torrence</u> <b>Signature of plan administrator</b>	<u>10/14/2016</u> Date	<u>Rosalind Torrence</u> Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

**Form 5500 (2015)**  
**v.150123**

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFITS AND INVESTMENT COMMITTEE LOS ALAMOS  BIKINI ATOLL RD, SM 30 LOS ALAMOS, NM 87545	<b>3b</b> Administrator's EIN 20-3104541  <b>3c</b> Administrator's telephone number 505-665-9651
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<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	4967
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	4438
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	4187
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	12
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	561
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	4760
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	5
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	4765
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	4069
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2R 2T 3F

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

<p><b>SCHEDULE C</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service</p>	<p><b>Service Provider Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <p><b>2015</b></p> <p><b>This Form is Open to Public Inspection.</b></p>
<p>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</p>		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<p><b>A</b> Name of plan <u>Lans 401(K) Savings Plan</u></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LOS ALAMOS NATIONAL SECURITY, LLC</u></p>	<p><b>D</b> Employer Identification Number (EIN) <u>20-3104541</u></p>

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2 Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL  
04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	247,334	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BNY MELLON ASSET SERVICING  
13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25	TRUSTEE	59,508	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MERCER  
13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27	INVESTMENT ADVISOR	41,351	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2 Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

KILPATRICK TOWNSEND  
58-0511774

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY/LEGAL	22,458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MOSS ADAMS LLP  
91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	20,000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

AON RISK SERVICES, INC.  
200 E RANDOLPH STREET  
CHICAGO IL 60601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	FIDUCIARY INSURANCE	13,693	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
 (complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2015</b>  <b>This Form is Open to Public Inspection.</b>
<small>Department of Labor Employee Benefits Security Administration</small>		

For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

<b>A</b> Name of plan <b>Lans 401(K) Savings Plan</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>LOS ALAMOS NATIONAL SECURITY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>20-3104541</b>	

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
 (Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LANS DEFINED CONTRIBUTION PLANS MT**

**b** Name of sponsor of entity listed in (a): **LOS ALAMOS NATIONAL SECURITY LLC**

<b>c</b> EIN-PN : <b>45-3246495 - 001</b>	<b>d</b> Entity code <b>M</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>483,698,766</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN :	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN :	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN :	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN :	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN :	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN :	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.





<b>SCHEDULE H</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small>	<b>Financial Information</b> This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2015</b>  <b>This Form is Open to Public Inspection</b>
<small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>		
For calendar plan year 2015 or fiscal plan year beginning <b>01/01/2015</b> and ending <b>12/31/2015</b>		
<b>A</b> Name of plan Lans 401(K) Savings Plan	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC	<b>D</b> Employer Identification Number (EIN) 20-3104541	

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	0	0
<b>(2)</b> Participant contributions.....	1,314,652	1,450,197
<b>(3)</b> Other.....	0	0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	0	0
<b>(2)</b> U.S. Government securities.....	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....	0	0
<b>(B)</b> All other.....	0	0
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....	0	0
<b>(B)</b> Common.....	0	0
<b>(5)</b> Partnership/joint venture interests.....	0	0
<b>(6)</b> Real estate (other than employer real property).....	0	0
<b>(7)</b> Loans (other than to participants).....	0	0
<b>(8)</b> Participant loans.....	10,387,036	11,077,664
<b>(9)</b> Value of interest in common/collective trusts.....	0	0
<b>(10)</b> Value of interest in pooled separate accounts.....	0	0
<b>(11)</b> Value of interest in master trust investment accounts.....	462,089,055	483,698,766
<b>(12)</b> Value of interest in 103-12 investment entities.....	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	0	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	0	0
<b>(15)</b> Other.....	0	0

**1d** Employer-related investments:

- (1) Employer securities.....
- (2) Employer real property.....
- e** Buildings and other property used in plan operation.....
- f** Total assets (add all amounts in lines 1a through 1e).....

	(a) Beginning of Year	(b) End of Year
<b>1d(1)</b>	0	0
<b>1d(2)</b>	0	0
<b>1e</b>	0	0
<b>1f</b>	473,790,743	496,226,627

**Liabilities**

- g** Benefit claims payable.....
- h** Operating payables.....
- i** Acquisition indebtedness.....
- j** Other liabilities.....
- k** Total liabilities (add all amounts in lines 1g through 1j).....

<b>1g</b>	0	0
<b>1h</b>	0	0
<b>1i</b>	0	0
<b>1j</b>	0	0
<b>1k</b>	0	0

**Net Assets**

- l** Net assets (subtract line 1k from line 1f).....

<b>1l</b>	473,790,743	496,226,627
-----------	-------------	-------------

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

**a Contributions:**

- (1) Received or receivable in cash from: **(A)** Employers.....
- (B)** Participants.....
- (C)** Others (including rollovers).....
- (2) Noncash contributions.....
- (3) Total contributions. Add lines **2a(1)(A)**, **(B)**, **(C)**, and line **2a(2)**.....

	(a) Amount	(b) Total
<b>2a(1)(A)</b>	0	
<b>2a(1)(B)</b>	39,344,465	
<b>2a(1)(C)</b>	3,656,611	
<b>2a(2)</b>	0	
<b>2a(3)</b>		43,001,076

**b Earnings on investments:**

- (1) Interest:
  - (A)** Interest-bearing cash (including money market accounts and certificates of deposit).....
  - (B)** U.S. Government securities.....
  - (C)** Corporate debt instruments.....
  - (D)** Loans (other than to participants).....
  - (E)** Participant loans.....
  - (F)** Other.....
  - (G)** Total interest. Add lines **2b(1)(A)** through **(F)**.....
- (2) Dividends: **(A)** Preferred stock.....
- (B)** Common stock.....
- (C)** Registered investment company shares (e.g. mutual funds).....
- (D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**.....
- (3) Rents.....
- (4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds.....
- (B)** Aggregate carrying amount (see instructions).....
- (C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result.....
- (5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate.....
- (B)** Other.....
- (C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**.....

<b>2b(1)(A)</b>	0	
<b>2b(1)(B)</b>	0	
<b>2b(1)(C)</b>	0	
<b>2b(1)(D)</b>	0	
<b>2b(1)(E)</b>	436,802	
<b>2b(1)(F)</b>	0	
<b>2b(1)(G)</b>		436,802
<b>2b(2)(A)</b>	0	
<b>2b(2)(B)</b>	0	
<b>2b(2)(C)</b>	0	
<b>2b(2)(D)</b>		0
<b>2b(3)</b>		0
<b>2b(4)(A)</b>	0	
<b>2b(4)(B)</b>	0	
<b>2b(4)(C)</b>		0
<b>2b(5)(A)</b>	0	
<b>2b(5)(B)</b>	0	
<b>2b(5)(C)</b>		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)	384,848
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)	0
c Other income.....	2c	0
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	43,822,726

**Expenses**

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	20,963,519
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other .....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	20,963,519
f Corrective distributions (see instructions).....	2f	5,589
g Certain deemed distributions of participant loans (see instructions).....	2g	13,390
h Interest expense.....	2h	0
i Administrative expenses: (1) Professional fees.....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Investment advisory and management fees .....	2i(3)	0
(4) Other .....	2i(4)	404,344
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)	404,344
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	21,386,842

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k	22,435,884
l Transfers of assets:		
(1) To this plan .....	2l(1)	0
(2) From this plan .....	2l(2)	0

**Part III Accountant's Opinion**

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unqualified (2)  Qualified (3)  Disclaimer (4)  Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

Yes  No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: Moss Adams LLP

(2) EIN: 91-0189318

d The opinion of an independent qualified public accountant is **not attached** because:

(1)  This form is filed for a CCT, PSA, or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	N/A	Amount
4a		X		
4b		X		

	Yes	No	N/A	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.).....		X		
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X		
<b>e</b> Was this plan covered by a fidelity bond?.....	X			1,500,000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....		X		
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X		
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X		
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....		X		
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X		
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....		X		
<b>o</b> Did the plan trust incur unrelated business taxable income?.....				
<b>p</b> Were in-service distributions made during the plan year? .....				

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Yes  No **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?..  Yes  No  Not determined

<b>Part V Trust Information</b>	
<b>6a</b> Name of trust	<b>6b</b> Trust's EIN
<b>6c</b> Name of trustee or custodian	<b>6d</b> Trustee's or custodian's telephone number

<b>SCHEDULE R</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b> This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110 <hr/> <b>2015</b> <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<b>A</b> Name of plan <u>Lans 401(K) Savings Plan</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LOS ALAMOS NATIONAL SECURITY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>20-3104541</u>

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 04-6568107

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

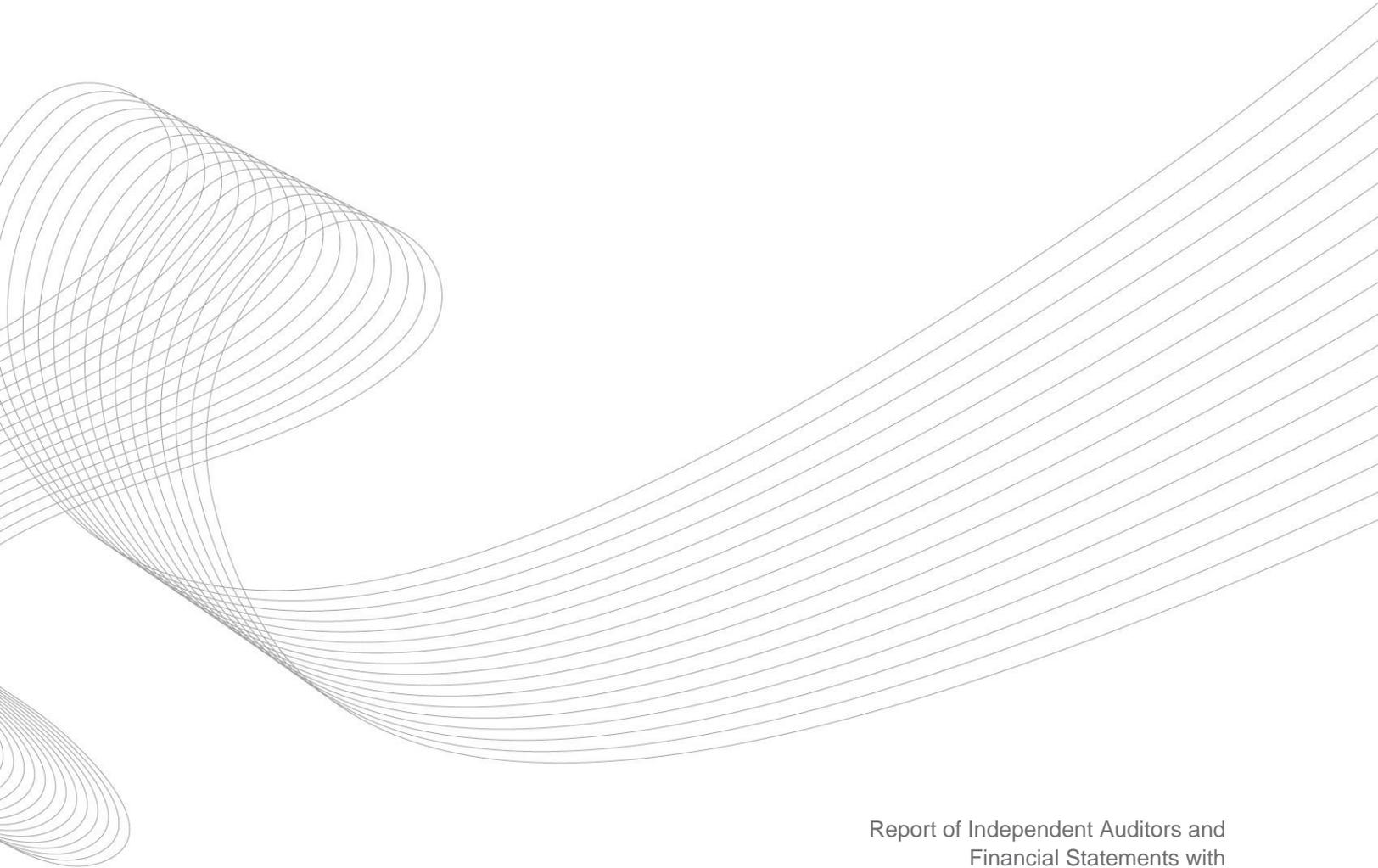
<b>14</b>	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
<b>a</b>	The current year.....	<b>14a</b>	
<b>b</b>	The plan year immediately preceding the current plan year.....	<b>14b</b>	
<b>c</b>	The second preceding plan year.....	<b>14c</b>	
<b>15</b>	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
<b>a</b>	The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b>	The corresponding number for the second preceding plan year.....	<b>15b</b>	
<b>16</b>	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
<b>a</b>	Enter the number of employers who withdrew during the preceding plan year.....	<b>16a</b>	
<b>b</b>	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	
<b>17</b>	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>		

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

<b>18</b>	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>
<b>19</b>	If the total number of participants is 1,000 or more, complete lines (a) through (c)
<b>a</b>	Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
<b>b</b>	Provide the average duration of the combined investment-grade and high-yield debt: <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more
<b>c</b>	What duration measure was used to calculate line 19(b)? <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____

**Part VII IRS Compliance Questions**

<b>20a</b> Is the plan a 401(k) plan?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>20b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?.....	<input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> ADP/ACP test
<b>20c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):.....	<input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test
<b>21b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>22a</b> Has the plan been timely amended for all required tax law changes?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>22b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ___/___/___ . Enter the applicable code _____ (See Instructions for tax law changes and codes).	
<b>22c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ___/___/___ and the letter's serial number _____.	
<b>22d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ___/___/___ .	
<b>23</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No



Report of Independent Auditors and  
Financial Statements with  
Supplementary Information

## LANS 401(k) Savings Plan

December 31, 2015 and 2014

**MOSS ADAMS** LLP

Certified Public Accountants | Business Consultants

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## REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator  
LANS 401(k) Savings Plan

### **Report on Financial Statements**

We were engaged to audit the accompanying financial statements of the LANS 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on the financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matter – Supplementary Information***

The Schedule H, Line 4(i) – Schedule of assets (held at end of year) as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer paragraph, we do not express an opinion on this supplementary information.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Moss Adams LLP*

Campbell, California  
October 12, 2016

## **FINANCIAL STATEMENTS**

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**LANS 401(k) SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31, 2015 and 2014**

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	<u>2015</u>	<u>2014</u>
Assets:		
Investments, at fair value:		
Plan interest in the Master Trust	\$ 483,698,766	\$ 462,089,055
Receivables:		
Participants' contributions receivable	1,450,197	1,314,652
Notes receivable from participants	11,077,664	10,387,036
Total receivables	12,527,861	11,701,688
Net assets available for benefits	<u>\$ 496,226,627</u>	<u>\$ 473,790,743</u>

*See accompanying notes.*

**LANS 401(k) SAVINGS PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Years Ended December 31, 2015 and 2014**

	2015	2014
Additions to net assets attributed to:		
Investment and other income:		
Net investment gain from the Master Trust	\$ 384,848	\$ 26,276,820
Interest on notes receivable from participants	436,802	418,672
	821,650	26,695,492
Contributions:		
Employer qualified non-elective	-	9,203
Participants'	39,344,465	39,231,018
Rollovers	3,656,611	585,902
	43,001,076	39,826,123
Total additions	43,822,726	66,521,615
Deductions from net assets attributed to:		
Benefits paid to participants	20,982,498	21,572,429
Administrative expenses	404,344	442,202
Total deductions	21,386,842	22,014,631
Net increase in net assets	22,435,884	44,506,984
Net assets available for benefits:		
Beginning of year	473,790,743	429,283,759
End of year	\$ 496,226,627	\$ 473,790,743

*See accompanying notes.*

## LANS 401(k) SAVINGS PLAN NOTES TO FINANCIAL STATEMENTS

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### NOTE 1 – THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES

**General** – The following description of the LANS 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan that was established on June 1, 2006 as part of a compensation plan, Total Compensation Plan 1 (TCP1), by Los Alamos National Security, LLC (the Company) to provide benefits to eligible employees, as defined in the Plan document. The Plan is currently designed to be qualified under the applicable requirements of the Internal Revenue Code (the Code) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employees of the Company who elected TCP1 and are either: (a) an active member of the LANS Defined Benefit Pension Plan (the DB Plan) or (b) a retired member of either the DB Plan or of the University of California Retirement Plan and who subsequently accepted employment with the Company as a Laboratory Associate or Retired Laboratory Fellow, may become a participant by electing to make a salary deferral, or by making a rollover contribution to the Plan, as of the first day of the first period following the latest of:

- (a) June 1, 2006, or
- (b) the date he or she is rehired by the Company, or
- (c) the date the individual becomes an eligible employee.

**Administration** – The Company has appointed the Benefits and Investment Committee (the Committee) to manage the operation and administration of the Plan. Effective November 1, 2011, a master trust (the Master Trust) was established for the Plan and the LANS 401(k) Retirement Plan. The Bank of New York Mellon/BNY Mellon, N.A. (BNY Mellon) acts as the trustee. Fidelity Workplace Services LLC acts as a third-party administrator to process and maintain the records of participant data. The Plan provides that either the Plan or the Company pay for the expenses incurred for administering the Plan.

**Estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Basis of accounting** – The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

**Investment valuation and income recognition** – The Plan's investments are reported at fair value. The Plan's trustee, BNY Mellon, certifies the fair market value of all investments. If available, quoted market prices are used to value investments. The fair value of the Plan's interest in the Master Trust is based on the specific interest that each plan has in the fair value of the underlying participant-directed investment option.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 2 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net investment gains of the Master Trust are allocated to the individual plans based upon the individual plan participant account balances.

**Notes receivable from participants** – Notes receivable from participants (notes receivable) are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions upon the occurrence of a distributable event based upon the terms of the Plan document.

**Payment of benefits** – Benefits are recorded when paid.

**Income taxes** – The Plan has been amended since receiving its latest favorable determination letter dated February 13, 2013. The Plan administrator believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

In accordance with guidance on accounting for uncertainty in income taxes (ASC 740-10), management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Risks and uncertainties** – The Plan provides for various investment options in any combination of investment securities offered. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

## **NOTE 2 – FAIR VALUE MEASUREMENTS**

The fair value measurements standard establishes a framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the standard are described below:

**Level 1** – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2** – Inputs to the valuation methodology include:

- Quoted market prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets held by the Master Trust and the Plan measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Interest-bearing cash: Valued at cost plus accrued interest.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**LANS 401(k) SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

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Common stocks: Common stock is valued at the closing price reported on the active market on which the individual securities are traded.

Common/collective trusts: Units held in common/collective trusts (CCT) are valued using the practical expedient of the CCT as reported by the CCT managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCT, minus its liabilities, and then divided by the number of units outstanding. The NAV practical expedient of a CCT is calculated based on a compilation of primarily observable market information.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds that are valued on the basis of readily determinable market prices.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Master Trust is set forth by level, within the fair value hierarchy, and is presented in a separate table (Note 3) at fair value as of December 31, 2015 and 2014.

**NOTE 3 - MASTER TRUST**

BNY Mellon holds investments of the Plan in the Master Trust and executes all investment transactions. The Plan's allocated interest in the net assets of the Master Trust as of December 31, 2015 and 2014 was \$483,698,766 or 47.6% and \$462,089,055 or 47.9%, respectively.

Investments of the Master Trust consist of the following as of December 31:

	<u>2015</u>	<u>2014</u>
Assets:		
Investments, at fair value:		
Interest-bearing cash	\$ 8,389,299	\$ 7,105,306
Mutual funds	49,576,414	57,863,242
Common/collective trusts	728,013,763	676,508,509
Common stocks	192,475,097	188,074,356
Brokerage accounts	38,538,367	36,111,960
Net assets of the Master Trust	<u>\$ 1,016,992,940</u>	<u>\$ 965,663,373</u>

The changes in net assets of the Master Trust are as follows for the years ended December 31:

	<u>2015</u>	<u>2014</u>
Investment and other income:		
Net appreciation (depreciation) in fair value of investments	\$ (10,412,739)	\$ 38,819,430
Interest and dividends	4,715,625	4,667,796
Other income	4,982,395	11,048,954
Net investment and other income	(714,719)	54,536,180
Net transfers	52,044,286	44,560,088
Increase in net assets	51,329,567	99,096,268
Net assets:		
Beginning of year	965,663,373	866,567,105
End of year	<u>\$ 1,016,992,940</u>	<u>\$ 965,663,373</u>

**LANS 401(k) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS**

The following tables set forth by level, within the fair value hierarchy, the investments of the Master Trust at fair value as of December 31, 2015 and 2014:

	<b>2015</b>			<b>Total</b>
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	
Interest-bearing cash	\$ 8,389,299	\$ -	\$ -	\$ 8,389,299
Mutual funds	49,576,414	-	-	49,576,414
Common stocks	192,475,097	-	-	192,475,097
Brokerage accounts	38,538,367	-	-	38,538,367
Total assets in the fair value hierarchy	<u>\$ 288,979,177</u>	<u>\$ -</u>	<u>\$ -</u>	288,979,177
Investments measured at NAV practical expedient				<u>728,013,763</u>
Investments at fair value				<u>\$ 1,016,992,940</u>

	<b>2014</b>			<b>Total</b>
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	
Interest-bearing cash	\$ 7,105,306	\$ -	\$ -	\$ 7,105,306
Mutual funds	57,863,242	-	-	57,863,242
Common stocks	188,074,356	-	-	188,074,356
Brokerage accounts	36,111,960	-	-	36,111,960
Total assets in the fair value hierarchy	<u>\$ 289,154,864</u>	<u>\$ -</u>	<u>\$ -</u>	289,154,864
Investments measured at NAV practical expedient				<u>676,508,509</u>
Investments at fair value				<u>\$ 965,663,373</u>

The following sets forth additional disclosures for the fair value measurement of significant investments in certain entities held in the Master Trust that calculate NAV per share (or its equivalent) as of December 31, 2015 and 2014:

Vanguard Target Date Funds (the Target Funds) and S&P 500 Index Fund – The investments have a daily redemption frequency and a daily redemption notice.

Invesco Stable Value Trust Fund (Invesco Fund) – Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the trust, the issuer reserves the right to require 24 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

**NOTE 4 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan paid certain expenses related to the Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

**NOTE 5 – PARTICIPATION AND BENEFITS**

**Participant contributions** – Participants may elect to have the Company contribute their eligible pre-tax and after-tax compensation (including Roth contributions) to the Plan up to the amount allowable under the Plan document and current income tax regulations. Participants who have the Company contribute a portion of their compensation to the Plan agree to accept an equivalent reduction in taxable or taxed compensation. Contributions withheld are invested in accordance with the participant's direction.

Participants are also allowed to make rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans. Such contributions are deposited in the appropriate investment funds in accordance with the participant's direction and the Plan's provisions.

## **LANS 401(k) SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

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**Vesting** – Participants are immediately vested in their accounts.

**Participant accounts** – Each participant’s account is credited with the participant’s contributions and earnings and losses from investments selected by the participants.

**Payment of benefits** – Upon termination, the participants or beneficiaries may elect to leave their account balance in the Plan, or receive their total benefits in a lump sum amount or periodic installments over a period of years equal to the value of the participant’s interest in their account. The Plan allows for the automatic lump sum distribution of participant account balances that do not exceed \$1,000. The Plan allows for automatic rollovers into the participant’s Individual Retirement Account when the account balance is between \$1,000 and \$5,000.

**Notes receivable from participants** – The Plan allows participants to borrow not less than \$1,000 and up to the lesser of \$50,000 or 50% of their account balance. The notes receivable are secured by the participant’s balance. Such notes receivable bear interest at prime rate plus 1% and must be repaid to the Plan within a five year period, unless the proceeds are used for the purchase of a principal residence in which case it must be repaid to the Plan within a 15 year period. The specific terms and conditions of such notes receivable are established by the Committee. Outstanding loans at December 31, 2015 carry interest rates ranging from 4.25% to 9.25%.

#### **NOTE 6 – CERTIFIED INFORMATION**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, BNY Mellon, the trustee of the Plan, has certified to the completeness and accuracy of:

- Plan’s interest in the Master Trust and notes receivable reflected on the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014.
- Net investment gain (loss) from the Master Trust (except for net investment loss of \$53,373 relating to the brokerage accounts for 2015) and interest income from notes receivable reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014.
- Investments reflected on the schedule of assets (held at end of year).
- Investments held in the Master Trust as of December 31, 2015 and 2014 as disclosed in Note 3.
- Net investment and other income (loss) reflected on the changes in net assets of the Master Trust for the years ended December 31, 2015 and 2014 in as disclosed in Note 3 (except for net investment loss of \$521,142 relating to the brokerage accounts for 2015).

#### **NOTE 7 – PLAN TERMINATION OR MODIFICATION**

The Company intends to continue the Plan indefinitely for the benefit of its participants; however, it reserves the right to terminate or modify the Plan at any time with approval from the National Nuclear Security Administration and subject to the provisions of ERISA.

#### **NOTE 8 – SUBSEQUENT EVENT**

The Plan has evaluated subsequent events through October 12, 2016, which is the date the financial statements were available to be issued and determined that there were no subsequent events.

**SUPPLEMENTARY INFORMATION**  
**REQUIRED BY THE DEPARTMENT OF LABOR**



**LANS 401(k) SAVINGS PLAN**  
**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2015**

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Plan Sponsor: Los Alamos National Security, LLC  
Employer Identification Number: 20-3104541  
Plan Number: 002  
Schedule H, Line 4(i)

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
*	Participant loans	Interest rates ranging from 4.25% to 9.25%	<u>\$ 11,077,664</u>
*	Party-in-interest		