**Form 990-EZ**

**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.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
<th>Changes in Net Assets or Fund Balances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, gifts, grants, and similar amounts received</td>
<td>$45,481</td>
<td></td>
</tr>
<tr>
<td>2 Program service revenue including government fees and contracts</td>
<td>$2,000</td>
<td></td>
</tr>
<tr>
<td>3 Membership dues and assessments</td>
<td>$3,000</td>
<td></td>
</tr>
<tr>
<td>4 Investment income</td>
<td>$436</td>
<td></td>
</tr>
<tr>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>$6,726</td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>$6,752</td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td>$-26</td>
<td></td>
</tr>
<tr>
<td>6 Gaming and fundraising events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>$45,891</td>
<td></td>
</tr>
<tr>
<td>b Gross income from fundraising events (not including $ of contributions) from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Less: direct expenses from gaming and fundraising events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross sales of inventory, less returns and allowances</td>
<td>$3,842</td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>$9,590</td>
<td></td>
</tr>
<tr>
<td>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td>$187,593</td>
<td></td>
</tr>
</tbody>
</table>

**Other revenue (describe in Schedule O)**

- Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

- **Total revenue**

- **Total expenses**

- **Excess or (deficit) for the year**

- **Net assets or fund balances at end of year**

**JUL 1, 2017 and ending JUN 30, 2018**

**Los Alamos Community Foundation**

**Los Alamos, NM 87544**

**Telephone number: 505-661-4420**

**Employer identification number: 35-2546420**

**City or town, state or province, country, and ZIP or foreign postal code**

**Name of organization: Los Alamos Community Foundation**

**Website: www.losalamoscf.org**

**Address:** PO BOX 1225

**Effective date of organization:** JUL 1, 2017

**Type of organization: Corporation**

**Form 990-EZ (2017)**

**LHA**

**For Paperwork Reduction Act Notice, see the separate instructions.**
Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>91,200.</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>149,893.</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>76,908.</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>37,800.</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>168,108.</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>187,693.</td>
</tr>
</tbody>
</table>

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 PRESENTED A NON-PROFIT CONFERENCE ATTENDED BY APPROXIMATELY 20 LOCAL ORGANIZATIONS AND 35 PARTICIPANTS.

(Grants $ ) If this amount includes foreign grants, check here 1,500. 

29 HELD FIVE (5) TRAINING SESSIONS FOR NON-PROFITS. APPROXIMATELY 10 TO 30 ATTENDEES AT EACH SESSION.

(Grants $ ) If this amount includes foreign grants, check here 1,500. 

30 SEE SCHEDULE O

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here 700. 

32 Total program service expenses (add lines 28a through 31a) 3,700. 

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) ($ if paid, enter 0)</th>
<th>(d) Health benefits contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAT SORAN</td>
<td>DIRECTOR</td>
<td>10.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DAVID IZRAELEVITZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DONALD COBB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VICI ROONEY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREASURER/SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V  Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35b</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>35c</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>36</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>37a</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>37b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>39</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>40a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>40b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>40e</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>42a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>42b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>42c</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>43</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>44a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>44b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>44c</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>44d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>45b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>☒</td>
<td>X</td>
</tr>
<tr>
<td>48</td>
<td>☒</td>
<td>X</td>
</tr>
<tr>
<td>49a</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-AMSC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NO</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

51. Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(e) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52. Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>☒</td>
<td>X</td>
</tr>
</tbody>
</table>

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 Here

[Signature]

CINDY ROONEY, TREASURER

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's address

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☒</td>
<td>X</td>
</tr>
</tbody>
</table>
## SCHEDULE A
( Form 990 or 990-EZ )

**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.

Name of the organization: **LOS ALAMOS COMMUNITY FOUNDATION**

Employer identification number: 35-2546420

### Part I

**Reason for Public Charity Status**

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

<table>
<thead>
<tr>
<th></th>
<th>Reason for Public Charity Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10</td>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>12</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
</tbody>
</table>

#### For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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

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

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>191,500</td>
<td>23,735</td>
<td>45,481</td>
<td>260,716</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>191,500</td>
<td>23,735</td>
<td>45,481</td>
<td>260,716</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60,283</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>200,433</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>191,500</td>
<td>23,735</td>
<td>45,481</td>
<td>260,716</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>12</td>
<td>436</td>
<td>448</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>261,164</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td>%</td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2016 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td>%</td>
</tr>
</tbody>
</table>

**Note:**
- **16a 33 1/3% support test - 2017:** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- **b 33 1/3% support test - 2016:** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- **17a 10% - facts-and-circumstances test - 2017:** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
- **b 10% - facts-and-circumstances test - 2016:** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
- **18 Private foundation:** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

---

732022 10-06-17

LOS ALAMOS COMMUNITY FOUNDATION

35-2546420

2017.05030 LOS ALAMOS COMMUNITY FOUN 22015-L1
**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>6</td>
<td><strong>Total.</strong> Add lines 1 through 5</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support.</strong> (Subtract line 7c from line 6)</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>10c</td>
<td>Add lines 10a and 10b</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support.</strong> (Add lines 9, 10c, 11, and 12.)</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>14</td>
<td><strong>First five years.</strong> If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <strong>stop here.</strong></td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2016 Schedule A, Part III, line 15</td>
<td>16</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2016 Schedule A, Part III, line 17</td>
<td>18</td>
</tr>
</tbody>
</table>

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**19b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Part IV
Supporting Organizations

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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

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 in 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 in 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 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.)
### Part IV Supporting Organizations (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Schedule A (Form 990 or 990-EZ) 2017 LOS ALAMOS COMMUNITY FOUNDATION 35-2546420 Page 5
Schedule A (Form 990 or 990-EZ) 2017  LOS ALAMOS COMMUNITY FOUNDATION  35-2546420  Page 6

**Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.)  See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td><strong>1d</strong></td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2017
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2018.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
## LOS ALAMOS COMMUNITY FOUNDATION
### Schedule A
#### Identification of Excess Contributions
##### Included on Part II, Line 5

2017

** Do Not File **
*** Not Open to Public Inspection ***

<table>
<thead>
<tr>
<th>Contributor’s Name</th>
<th>Total Contributions</th>
<th>Excess Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGNEW</td>
<td>9,000.</td>
<td>3,777.</td>
</tr>
<tr>
<td>COBB</td>
<td>15,000.</td>
<td>9,777.</td>
</tr>
<tr>
<td>FREED</td>
<td>15,000.</td>
<td>9,777.</td>
</tr>
<tr>
<td>GURSKEY</td>
<td>9,000.</td>
<td>3,777.</td>
</tr>
<tr>
<td>IZRAELEVITZ</td>
<td>12,011.</td>
<td>6,788.</td>
</tr>
<tr>
<td>LANL FOUNDATION</td>
<td>5,500.</td>
<td>277.</td>
</tr>
<tr>
<td>LOS ALAMOS RETIRED AND SENIOR ORGANIZATION</td>
<td>10,000.</td>
<td>4,777.</td>
</tr>
<tr>
<td>Milder</td>
<td>9,002.</td>
<td>3,779.</td>
</tr>
<tr>
<td>SORAN</td>
<td>18,000.</td>
<td>12,777.</td>
</tr>
<tr>
<td>WALL</td>
<td>10,000.</td>
<td>4,777.</td>
</tr>
</tbody>
</table>

Total Excess Contributions to Schedule A, Part II, Line 5 .......................................................... 60,283.
Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service
723451  11-01-17
Schedule B (Form 990, 990-EZ, or 990-PF)
Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

Name of the organization

LOS ALAMOS COMMUNITY FOUNDATION

Employer identification number

35-2546420

Organization type (check one):

Filers of:  

Form 990 or 990-EZ

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

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

☐  527 political organization

Form 990-PF

☐  501(c)(3) exempt private foundation

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

☐  501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year ___________________________ $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
## Part I  Contributors
(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$15,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$10,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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</tbody>
</table>

LOS ALAMOS COMMUNITY FOUNDATION
35-2546420

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
## Part II

### Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>$ ___________________</td>
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<td>$ ___________________</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>------------</td>
<td>---------------------------------</td>
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<tr>
<td>1</td>
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<td></td>
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<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.
### FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

**DESCRIPTION OF PROPERTY:** 

DIVIDEND AND INTEREST INCOME  

**AMOUNT:**  

436.

### FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

**ACTIVITY CLASSIFICATION:** PUBLIC CHARITY  

**GRANTEE NAME:** THE FAMILY YMCA  

**GRANTEE ADDRESS:** 1450 IRIS STREET LOS ALAMOS, NM 87544  

**GRANTEE RELATIONSHIP:** NOT RELATED  

**PROPERTY DESCRIPTION:** CASH  

**DATE OF GIFT:** 12/31/17  

**AMOUNT GIVEN:** 300.

**ACTIVITY CLASSIFICATION:** PUBLIC CHARITY  

**GRANTEE NAME:** LOS ALAMOS HISTORICAL SOCIETY  

**GRANTEE ADDRESS:** 1050 BATHTUB ROW LOS ALAMOS, NM 87544  

**GRANTEE RELATIONSHIP:** NOT RELATED  

**PROPERTY DESCRIPTION:** CASH  

**DATE OF GIFT:** 12/31/17  

**AMOUNT GIVEN:** 100.

**ACTIVITY CLASSIFICATION:** PUBLIC CHARITY  

**GRANTEE NAME:** LOS ALAMOS RETIRED AND SENIOR ORGANIZATION  

**GRANTEE ADDRESS:** 1101 BATHTUB ROW LOS ALAMOS, NM 87544  

**GRANTEE RELATIONSHIP:** NOT RELATED
PROPERTY DESCRIPTION: CASH
DATE OF GIFT: 12/31/17
AMOUNT GIVEN: 2,782.

ACTIVITY CLASSIFICATION: PUBLIC CHARITY
GRANTEE NAME: LEMONADE LIVING
GRANTEE ADDRESS: PROJECT Y, 150 CENTRAL PARK SQUARE LOS ALAMOS, NM 87544
GRANTEE RELATIONSHIP: NOT RELATED
PROPERTY DESCRIPTION: CASH
DATE OF GIFT: 12/31/17
AMOUNT GIVEN: 180.

ACTIVITY CLASSIFICATION: SOCIAL WELFARE ORGANIZATION
GRANTEE NAME: LOS ALAMOS ROTARY CLUB
GRANTEE ADDRESS: PO BOX 853 LOS ALAMOS, NM 87544
GRANTEE RELATIONSHIP: NOT RELATED
PROPERTY DESCRIPTION: CASH
DATE OF GIFT: 12/31/17
AMOUNT GIVEN: 180.

ACTIVITY CLASSIFICATION: PUBLIC CHARITY
GRANTEE NAME: LOS ALAMOS FAMILY COUNCIL
GRANTEE ADDRESS: 1505 15TH STREET, SUITE C LOS ALAMOS, NM 87544
GRANTEE RELATIONSHIP: NOT RELATED
PROPERTY DESCRIPTION: CASH
DATE OF GIFT: 12/31/17
AMOUNT GIVEN: 100.
Name of the organization

LOS ALAMOS COMMUNITY FOUNDATION

Employer identification number

35-2546420

ACTIVITY CLASSIFICATION: PUBLIC CHARITY

GRANTEE NAME: UNITED WAY OF NORTHERN NEW MEXICO

GRANTEE ADDRESS: 1200 TRINITY DRIVE LOS ALAMOS, NM 87544

GRANTEE RELATIONSHIP: NOT RELATED

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 200.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 3,842.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<table>
<thead>
<tr>
<th>DESCRIPTION OF OTHER EXPENSES:</th>
<th>AMOUNT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVERTISING AND PROMOTION</td>
<td>1,839.</td>
</tr>
<tr>
<td>BANK FEES AND CHARGES</td>
<td>231.</td>
</tr>
<tr>
<td>DIRECTOR AND LIABILITY INSURANCE</td>
<td>1,575.</td>
</tr>
<tr>
<td>DUES, FEES AND SUBSCRIPTIONS</td>
<td>2,605.</td>
</tr>
<tr>
<td>GRANT EXPENSES</td>
<td>100.</td>
</tr>
<tr>
<td>INFORMATION TECHNOLOGY</td>
<td>130.</td>
</tr>
<tr>
<td>INVESTMENT EXPENSES</td>
<td>47.</td>
</tr>
<tr>
<td>MEETINGS AND CONFERENCES</td>
<td>1,305.</td>
</tr>
<tr>
<td>MEETINGS AND CONFERENCES - PROGRAMS</td>
<td>527.</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>131.</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>1,100.</td>
</tr>
</tbody>
</table>

TOTAL TO FORM 990-EZ, LINE 16 9,590.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

<table>
<thead>
<tr>
<th>CHANGES IN NET ASSETS OR FUND BALANCES:</th>
<th>AMOUNT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES</td>
<td>4,100.</td>
</tr>
<tr>
<td>NET UNREALIZED GAINS AND LOSSES</td>
<td>944.</td>
</tr>
</tbody>
</table>

TOTAL TO FORM 990-EZ, LINE 20 5,044.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT PLEDGES (LESS ALLOWANCE)</td>
<td>13,700</td>
<td>27,800</td>
</tr>
<tr>
<td>LONG-TERM PLEDGES (MULTI-YEAR)</td>
<td>61,000</td>
<td>10,000</td>
</tr>
<tr>
<td>PREPAID EXPENSES</td>
<td>2,208</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 24</td>
<td>76,908</td>
<td>37,800</td>
</tr>
</tbody>
</table>

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER PAYABLES</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE – FACILITATE AND PROMOTE LOCAL PHILANTHROPY BY LOS ALAMOS RESIDENTS, AND THOSE WITH STRONG CONNECTIONS TO LOS ALAMOS COUNTY, BY PROVIDING PROGRAMS INTENDED TO HIGHLIGHT UNMET NEEDS AND DONATION OPPORTUNITIES WITHIN THE COUNTY, AND TO MEET THOSE NEEDS THROUGH FINANCIAL AND ORGANIZATIONAL SUPPORT TO EXISTING AND NEW ORGANIZATIONS.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

STARTED AN EXECUTIVE DIRECTORS ROUNTABLE, PROFESSIONALLY FACILITATED. INVITED NUMEROUS LOCAL NON-PROFITS AND SERVICE ORGANIZATIONS. 15 TO 30 PARTICIPANTS DISCUSSED PROFESSIONAL DEVELOPMENT AND OTHER MANAGEMENT ISSUES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
LOS ALAMOS COMMUNITY FOUNDATION

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
**Form 8868**

**Application for Automatic Extension of Time To File an Exempt Organization Return**

File a separate application for each return.


Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>LOS ALAMOS COMMUNITY FOUNDATION</strong> 35-2546420</td>
<td></td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return)

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return)

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
</tr>
</tbody>
</table>

**The Organization**

- The books are in the care of **PO BOX 1225 - LOS ALAMOS, NM 87544**

- Telephone No. **505-661-4420**

- Fax No. **505-661-4420**

- If the organization does not have an office or place of business in the United States, check this box **☐**

- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) **☐**. If this is for the whole group, check this box **☐** and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

   - ☐ calendar year **☐**
   - ☐ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**

2 If the tax year entered in line 1 is for less than 12 months, check reason:

   - ☐ Initial return ☐ Final return

   - ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)