

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LAMOILLE FAMILY CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 480 CADYS FALLS ROAD City or town, state or province, country, and ZIP or foreign postal code MORRISVILLE VT 05661	D Employer identification number ** - *** 7640 E Telephone number 802-888-5229 G Gross receipts\$ 2,059,394
F Name and address of principal officer: SCOTT JOHNSON 480 CADYS FALLS ROAD MORRISVILLE VT 05661		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.LAMOILLEFAMILYCENTER.ORG		L Year of formation: 1976 M State of legal domicile: VT
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE LAMOILLE FAMILY CENTER AFFIRMS THE RIGHT OF ALL CHILDREN TO GROW UP IN AN ENVIRONMENT THAT ENABLES THEM TO BECOME HEALTHY ADULTS BY ENCOURAGING, EDUCATING, AND CELEBRATING FAMILIES.																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	11																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	11																								
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	57																								
	6 Total number of volunteers (estimate if necessary)	100																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																								
	b Net unrelated business taxable income from Form 990-T, line 34	0																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,062,915</td> <td style="text-align: right;">799,152</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">1,237,944</td> <td style="text-align: right;">1,198,996</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">15,540</td> <td style="text-align: right;">38,440</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td></td> <td style="text-align: right;">14,878</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">2,316,399</td> <td style="text-align: right;">2,051,466</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,062,915	799,152	9 Program service revenue (Part VIII, line 2g)	1,237,944	1,198,996	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,540	38,440	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,878	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,316,399	2,051,466						
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Part II Signature Block

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 of officer SCOTT JOHNSON Type or print name and title	Date EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name RANDALL L. SARGENT, CPA	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN *****
	Firm's name ▶ JMM & ASSOCIATES, PC 336 WATER TOWER CIR STE 801 Firm's address ▶ COLCHESTER, VT 05446	Firm's EIN ▶ ** - *** 0081 Phone no. 802-655-5665

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE LAMOILLE FAMILY CENTER AFFIRMS THE RIGHT OF ALL CHILDREN TO GROW UP IN AN ENVIRONMENT THAT ENABLES THEM TO BECOME HEALTHY ADULTS BY ENCOURAGING, EDUCATING, AND CELEBRATING FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 713,641 including grants of \$ 166,225) (Revenue \$)

CHILDREN'S INTEGRATED SERVICES PROVIDES EARLY CHILDHOOD & FAMILY MENTAL HEALTH ASSISTANCE, EARLY INTERVENTION SERVICES, NURSING AND FAMILY SUPPORT, AND SPECIALIZED CHILD CARE.

4b (Code:) (Expenses \$ 365,086 including grants of \$) (Revenue \$)

YOUTH AND YOUNG ADULT SERVICES PROVIDES SERVICES THROUGH LAMOILLE INTERAGENCY NETWORK FOR KIDS (LINK), LEARNING TOGETHER & FAMILIES LEARNING TOGETHER, AND REACH UP.

4c (Code:) (Expenses \$ 333,385 including grants of \$ 15,323) (Revenue \$)

CHILD CARE SUPPORT SERVICES PROVIDES ASSISTANCE TO FAMILIES THROUGH CHILD MENTORING, A CHILD AND ADULT CARE FOOD PROGRAM, A CHILD CARE CENTER, CHILD CARE FINANCIAL ASSISTANCE, CHILD CARE REFERRAL AND CHILD CARE RESOURCE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 172,687 including grants of \$ 36,022) (Revenue \$)

4e Total program service expenses 1,584,799

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 10 rows of questions (1a-9) and columns for '1a', '1b', 'Yes', and 'No'. Includes data for voting members (11) and various governance questions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 10 rows of questions (10a-16b) and columns for 'Yes' and 'No'. Includes questions about local chapters, conflict of interest, whistleblower policy, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: -> SCOTT JOHNSON 480 CADYS FALLS ROAD MORRISVILLE VT 05661 802-888-5229

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYN FISHER (RESIGNED) CHAIR	0.50 0.00	X		X				0	0	0
(2) SANDRA PAQUETTE DIRECTOR	0.50 0.00	X						0	0	0
(3) JOHN DUFFY DIRECTOR	0.50 0.00	X						0	0	0
(4) BRENDA CHRISTIE SECRETARY	0.50 0.00	X		X				0	0	0
(5) JANELLE GERMAINE DIRECTOR	0.50 0.00	X						0	0	0
(6) KATIE MARVIN, MD (RESIGNED) DIRECTOR	0.50 0.00	X						0	0	0
(7) MARILYN MAY VICE/INTERIM CHAIR	0.50 0.00	X		X				0	0	0
(8) EILEEN PAUS DIRECTOR	0.50 0.00	X						0	0	0
(9) RONNA ZIEGEL (RESIGNED) DIRECTOR	0.50 0.00	X						0	0	0
(10) NEAL FISHER DIRECTOR	0.50 0.00	X						0	0	0
(11) KERRI JOHNSON DIRECTOR	0.50 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DIXIE BOLIO DIRECTOR	0.50 0.00	X						0	0	0
(13) CAJSA SCHUMACHER TREASURER	0.50 0.00	X		X				0	0	0
(14) SCOTT JOHNSON EXECUTIVE DIRECTOR	40.00 0.00			X				67,031	0	52
1b Sub-total								67,031		52
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								67,031		52

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	424,887			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	374,265			
	g Noncash contributions included in lines 1a-1f: \$		2,437			
	h Total. Add lines 1a-1f		799,152			
Program Service Revenue	2a PROGRAM SERVICE FEES	Busn. Code 624100	1,198,996	1,198,996		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,198,996			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,512		30,512	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	15,856			
		(ii) Other				
	b Less: cost or other basis & sales exps.	7,928				
	c Gain or (loss)	7,928				
	d Net gain or (loss)		7,928	7,928		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a OTHER INCOME	561000	14,878	14,878			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		14,878				
12 Total revenue. See instructions.		2,051,466	1,221,802	0	30,512	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	217,570	217,570		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,234	4,846	59,541	4,847
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,071,628	954,036	113,045	4,547
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,923	2,791	132	
9 Other employee benefits	104,089	88,620	14,642	827
10 Payroll taxes	120,413	101,394	18,155	864
11 Fees for services (non-employees):				
a Management				
b Legal	2,739	2,500	239	
c Accounting	9,000		9,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	53,154	18,788	10,519	23,847
12 Advertising and promotion	17,748	12,703	335	4,710
13 Office expenses	20,536	6,040	13,471	1,025
14 Information technology	6,632	5,068	1,454	110
15 Royalties				
16 Occupancy	35,623	41,161	-6,862	1,324
17 Travel	46,527	44,729	1,782	16
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,407	13,549	-1,142	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,360		19,360	
23 Insurance	2,146		2,146	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM MATERIALS	46,660	33,838	6,446	6,376
b OTHER EXPENSES	38,265	12,990	13,247	12,028
c EVENTS & ACTIVITIES	26,508	24,176	1,001	1,331
d FUNDRAISING EXPENSES	7,269			7,269
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,930,431	1,584,799	276,511	69,121
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	321,583	2 426,260
	3	Pledges and grants receivable, net	36,602	3 48,200
	4	Accounts receivable, net	149,177	4 81,044
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	20,632	9 14,175
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 695,584	
	b	Less: accumulated depreciation	10b 343,192	10c 329,960 352,392
	11	Investments—publicly traded securities	1,137,701	11 1,252,823
	12	Investments—other securities. See Part IV, line 11		12
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,995,655	16 2,174,894	
Liabilities	17	Accounts payable and accrued expenses	146,071	17 109,953
	18	Grants payable		18
	19	Deferred revenue	18,394	19 31,618
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	56,244	21 53,844
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	220,709	26 195,415
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	1,613,581	27 1,855,316
	28	Temporarily restricted net assets	161,365	28 124,163
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	1,774,946	33 1,979,479	
34	Total liabilities and net assets/fund balances	1,995,655	34 2,174,894	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,051,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,930,431
3	Revenue less expenses. Subtract line 2 from line 1	3	121,035
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,774,946
5	Net unrealized gains (losses) on investments	5	83,498
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,979,479

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

* * - * * * 7640

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	726,908	853,391	801,027	1,062,915	799,152	4,243,393
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	726,908	853,391	801,027	1,062,915	799,152	4,243,393
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)						
6 Public support. Subtract line 5 from line 4.						4,243,393

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	726,908	853,391	801,027	1,062,915	799,152	4,243,393
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,043	7,860	7,884	27,361	30,512	80,660
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						4,324,053
12 Gross receipts from related activities, etc. (see instructions)					12	6,081,957
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.13%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	98.68%
16a 33 1/3% support test—2016. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2016. 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.
b 33 1/3% support tests—2015. 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

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: A person who directly or indirectly controls... Row 11b: A family member... Row 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body... Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies...

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Row 2: Activities Test. Answer (a) and (b) below. Row 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes... Row 2b: Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Row 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization is described below.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **LAMOILLE FAMILY CENTER, INC.** Employer identification number *** * - * * * 7 6 4 0**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: Description, (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

\$3,000 ANNUAL DUES AS A MEMBER OF VERMONT PARENT CHILD CENTER NETWORK.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

LAMOILLE FAMILY CENTER, INC.

-*7640

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		207,811		207,811
b Buildings		330,801	234,477	96,324
c Leasehold improvements				
d Equipment		112,873	97,683	15,190
e Other		44,099	11,032	33,067
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				352,392

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H).

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9).

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9).

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, rows (2) through (9) are blank.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 2,051,466.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,930,431.

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

LAMOILLE FAMILY CENTER BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

-*7640

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CALEDONIA HOME HEALTH CARE 161 SHERMAN DRIVE ST. JOHNSBURY VT 05819	**--***9559		13,625				HOME VISITATION SERV
(2)	HARDWICK AREA CHILD CARE PROVIDERS P.O. BOX 563 HARDWICK VT 05843			7,909				PROVIDER SUPPORT SER
(3)	JOHNSON HYDE PARK EDEN CHILD PROVID 127 KATY WIN EAST JOHNSON VT 05656			7,414				PROVIDER SUPPORT SER
(4)	LAMOILLE COUNTY MENTAL HEALTH 72 HARRELL STREET MORRISVILLE VT 05661	**--***9658		104,000				MENTAL HEALTH CONSUL
(5)	LAMOILLE HOME HEALTH & HOSPICE 54 FARR AVENUE MORRISVILLE VT 05661	**--***4616		48,000				HOME VISITATION SERV
(6)	IMPROBABLE PLAYERS P.O. BOX 746 WATERTOWN SQ MA 02471	**--***0758		7,205				YOUTH ENGAGEMENT
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

Public Copy

Schedule I (Form 990) (2016) LAMOILLE FAMILY CENTER, INC.

-*7640

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 LAMOILLE FAMILY CENTER, INC. REQUIRES EACH SUBGRANTEE TO BE AN EXEMPT
 ORGANIZATION AND RECEIVES PERIODIC PROGRAM AND FINANCIAL UPDATES FROM EACH
 SUBGRANTEE.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

2016**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

-*7640

FORM 990 - ADDITIONAL INFORMATION

LAMOILLE FAMILY CENTER REACHES OVER 4,000 CHILDREN, YOUTH, PARENTS AND
CAREGIVERS ANNUALLY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

FAMILY SUPPORT SERVICES PROVIDES EMERGENCY NEEDS FAMILY OUTREACH, HOLIDAY
PROJECTS AND PARENT EDUCATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
REVIEWED BY BOARD AND REVIEWED WITH AUDITOR.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUAL REVIEW BY ED AND NEW DISCLOSURE SIGNED BY BOARD MEMBERS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR'S COMPENSATION IS SUBJECT TO THE REVIEW AND APPROVAL
OF THE BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION INCLUDES A REVIEW OF
ALL STAFF SALARIES TO SEE IF THERE IS ANY EMPLOYEE OR CLASS OF EMPLOYEE
WHOSE WAGE RATE IS OUT OF LINE WITH ANY OTHERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

LFC WEBSITE OR AS REQUESTED.

Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. 179

Name(s) shown on return

LAMOILLE FAMILY CENTER, INC.

Identifying number

-*7640

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary totals.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2016)

Form 990	Two Year Comparison Report	2015 & 2016
For calendar year 2016, or tax year beginning 07/01/16, ending 06/30/17		

Name

Taxpayer Identification Number

LAMOILLE FAMILY CENTER, INC.

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		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	581,471	374,265	-207,206
	2. Membership dues and assessments			
	3. Government contributions and grants	481,444	424,887	-56,557
	4. Program service revenue	1,237,944	1,198,996	-38,948
	5. Investment income	27,361	30,512	3,151
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-11,821	7,928	19,749
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue		14,878	14,878
	12. Total revenue. Add lines 1 through 11	2,316,399	2,051,466	-264,933
Expenses	13. Grants and similar amounts paid	213,692	217,570	3,878
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	66,266	69,234	2,968
	16. Salaries, other compensation, and employee benefits	1,216,397	1,299,053	82,656
	17. Professional fundraising fees			
	18. Other professional fees	79,008	64,893	-14,115
	19. Occupancy, rent, utilities, and maintenance	41,764	35,623	-6,141
	20. Depreciation and Depletion	21,808	19,360	-2,448
	21. Other expenses	278,843	224,698	-54,145
	22. Total expenses. Add lines 13 through 21	1,917,778	1,930,431	12,653
	23. Excess or (Deficit). Subtract line 22 from line 12	398,621	121,035	-277,586
Other Information	24. Total exempt revenue	2,316,399	2,051,466	-264,933
	25. Total unrelated revenue			
	26. Total excludable revenue	1,253,484	1,252,314	-1,170
	27. Total assets	1,995,655	2,174,894	179,239
	28. Total liabilities	220,709	195,415	-25,294
	29. Retained earnings	1,774,946	1,979,479	204,533
	30. Number of voting members of governing body	9	11	
31. Number of independent voting members of governing body	9	11		
32. Number of employees	55	57		
33. Number of volunteers	100	100		

Form 990	Tax Return History	2016
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Name LAMOILLE FAMILY CENTER, INC.	Employer Identification Number ** - *** 7640
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	726,908	853,391	801,027	1,062,915	799,152	
Membership dues						
Program service revenue	1,161,305	1,222,125	1,261,587	1,237,944	1,198,996	
Capital gain or loss		-139		-11,821	7,928	
Investment income	7,043	7,860	7,884	27,361	30,512	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue					14,878	
Total revenue	1,895,256	2,083,237	2,070,498	2,316,399	2,051,466	
Grants and similar amounts paid	216,696	210,886	213,575	213,692	217,570	
Benefits paid to or for members						
Compensation of officers, etc.	64,255	65,209	65,509	66,266	69,234	
Other compensation	1,165,213	1,284,314	1,225,090	1,216,397	1,299,053	
Professional fees		38,589	53,718	79,008	64,893	
Occupancy costs	37,887	51,774	38,715	41,764	35,623	
Depreciation and depletion	25,704	23,068	21,241	21,808	19,360	
Other expenses	324,012	266,970	276,523	278,843	224,698	
Total expenses	1,833,767	1,940,810	1,894,371	1,917,778	1,930,431	
Excess or (Deficit)	61,489	142,427	176,127	398,621	121,035	
Total exempt revenue	1,895,256	2,083,237	2,070,498	2,316,399	2,051,466	
Total unrelated revenue						
Total excludable revenue	1,895,256	1,229,846	1,269,471	1,253,484	1,252,314	
Total Assets	1,325,899	1,505,372	1,610,596	1,995,655	2,174,894	
Total Liabilities	250,072	285,043	215,366	220,709	195,415	
Net Fund Balances	1,075,827	1,220,329	1,395,230	1,774,946	1,979,479	

Form 990T	Tax Return History	2016
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Name LAMOILLE FAMILY CENTER, INC.	Employer Identification Number ** - *** 7640
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	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2016
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Name LAMOILLE FAMILY CENTER, INC.	Employer Identification Number **-***7640
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	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000				
Income after expense and deductions	-1,000	-1,000				
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

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Federal Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	House	9/15/94	147,088				147,088	25	MO S/L	128,212	5,884
2	Architect	4/10/02	4,794				4,794	25	MO S/L	2,733	192
3	Building Improvements	6/30/95	95,206				95,206	25	MO S/L	79,973	3,808
4	Building Improvements	9/15/95	4,287				4,287	25	MO S/L	3,558	172
5	Building Improvements	2/13/97	210				210	25	MO S/L	161	9
8	Shed	11/07/97	1,839				1,839	25	MO S/L	1,373	74
9	Shed	6/30/98	49				49	25	MO S/L	35	2
10	Insulate/Attic/Fan/Catwalk	7/20/99	830				830	25	MO S/L	556	33
12	Little House Wall-Door FRA	8/20/99	499				499	25	MO S/L	329	20
13	Little House	10/22/99	265				265	25	MO S/L	170	10
14	Closet to Increase Office	10/20/99	675				675	25	MO S/L	432	27
15	Folding Door-Meeting Room	2/11/00	1,850				1,850	25	MO S/L	1,215	74
16	Flood Lights	7/28/01	589				589	25	MO S/L	352	23
17	Building Improvements	8/30/01	191				191	25	MO S/L	114	7
18	Counter Top- Food	9/30/01	475				475	25	MO S/L	280	19
19	Remodel Business Office	8/13/01	655				655	25	MO S/L	391	26
20	Improved glass and door lock-Front Office	4/07/08	971				971	25	MO S/L	321	38
21	File Cabinet	10/01/88	123				123	7	MO S/L	123	0
22	File Cabinet	10/01/90	114				114	7	MO S/L	114	0
23	File Cabinet	2/01/91	113				113	7	MO S/L	113	0
24	Office Furniture	12/01/93	196				196	10	MO S/L	196	0
25	Office Furniture	3/11/94	578				578	10	MO S/L	578	0
26	2 Dr File Cabinet	5/13/94	114				114	5	MO S/L	114	0
27	Office Furniture	6/29/94	586				586	10	MO S/L	586	0
28	2 Dr File Cabinet	6/29/94	114				114	5	MO S/L	114	0
29	3 4 Dr File Cabinets	6/29/94	492				492	10	MO S/L	492	0
30	12 2 Dr File Cabinets	6/29/94	1,439				1,439	5	MO S/L	1,439	0
31	2 Drwr File Cabinet- Jean	6/21/95	111				111	5	MO S/L	111	0
34	3 File Cabinets-CCRR	10/10/96	342				342	7	MO S/L	342	0
35	Desk Tops	10/23/96	1,802				1,802	7	MO S/L	1,802	0
36	4 F Cabinets- Ann,Peg,Rita,Cybe	12/04/96	456				456	7	MO S/L	456	0
39	4 Drawer Cabinet W/Lock-Food	6/30/97	149				149	7	MO S/L	149	0
41	Chair-Food	7/31/97	157				157	5	MO S/L	157	0
42	2 Drwr File Cabinet- Debb	10/01/97	105				105	7	MO S/L	105	0
43	2 Drwr File Cabinet- CCRR	10/01/97	105				105	7	MO S/L	105	0
44	Outside Fence	10/09/97	219				219	5	MO S/L	219	0
45	Counter Top-Food	12/01/97	235				235	7	MO S/L	235	0
Out Of Service: 6/30/14											
46	2 Drwr File Cabinet-Jean	12/04/97	105				105	7	MO S/L	105	0
47	Humidifier	12/29/97	120				120	5	MO S/L	120	0
49	Stihl Trimmer	5/08/98	120				120	5	MO S/L	120	0
50	3 Paddle Chair-SUPV VX	7/10/98	261				261	5	MO S/L	261	0
51	2 Dwr File W/Lock- Subsidy	9/04/98	105				105	5	MO S/L	105	0
52	2 Drwr File W/Lock- HB	7/24/98	105				105	5	MO S/L	105	0
53	Chair-CCRR Specialist	1/23/99	105				105	5	MO S/L	105	0
54	2 Dr File Cabinet- Referral	2/08/99	113				113	5	MO S/L	113	0
55	Playground Equipment	6/29/99	4,352				4,352	10	MO S/L	4,352	0
56	Swing/Play Area	9/15/99	340				340	5	MO S/L	340	0
57	16 Meeting Chairs	10/13/99	1,990				1,990	5	MO S/L	1,990	0
60	Office Chair-CCRR	5/01/01	105				105	5	MO S/L	105	0
67	LCD Projector- GRTW	6/29/02	2,524				2,524	5	MO S/L	2,524	0
75	12 Snow Shoes	1/02/03	745				745	5	MO S/L	745	0
76	Vercom Telephone System	9/01/03	16,988				16,988	7	MO S/L	16,988	0
80	Computer-Debbie (Bus Office)->MIW	5/04/05	519				519	5	MO S/L	519	0
84	LT Equipment	3/06/06	304				304	5	MO S/L	304	0
98	B&H Electric-Security Equip	1/27/09	1,008				1,008	5	MO S/L	1,008	0
99	Wii & Accessories	2/09/09	610				610	5	MO S/L	610	0
100	Wide Screen TV	1/22/09	1,380				1,380	5	MO S/L	1,380	0
101	Dell Computer-Becky	7/14/09	554				554	3	MO S/L	554	0
Out Of Service: 6/30/14											
103	Dell Lat E5510, Monitor, Docking-Scott	5/18/10	1,478				1,478	3	MO S/L	1,478	0
104	4 Dell Lat #5510-FIT	6/30/10	4,632				4,632	3	MO S/L	4,632	0
105	4 Desks, Chairs, 1 Partition-LT	6/30/10	1,678				1,678	5	MO S/L	1,678	0
106	Air Conditioner (FIT-EI) Office	7/06/10	600				600	5	MO S/L	600	0
107	4 Dell Laptops (Learning Together)	9/27/10	2,585				2,585	3	MO S/L	2,585	0
108	2 Nextlink 3025 Computers	4/30/11	1,758				1,758	5	MO S/L	1,758	0
109	QB Enterprise Software	6/23/11	2,100				2,100	3	MO S/L	2,100	0
110	Giftworks Software	6/30/11	1,247				1,247	3	MO S/L	1,247	0

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Federal Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
111	Microsoft Software	7/06/10	1,247			1,247	3 MO S/L	1,247	0
112	3 Computers	7/31/11	2,385			2,385	5 MO S/L	2,147	238
113	3 Computers Insurance Replacements	8/09/11	2,110			2,110	5 MO S/L	1,899	211
114	3 Computers Installed	9/22/11	2,940			2,940	5 MO S/L	2,646	294
115	OCE Copier	9/30/11	6,700			6,700	5 MO S/L	6,030	670
116	Lorraine Computer	9/30/11	720			720	5 MO S/L	648	72
117	Christine Computer	9/30/11	720			720	5 MO S/L	648	72
118	Marilyn Computer	9/30/11	720			720	5 MO S/L	648	72
119	Labor Netwrok Configuration	9/30/11	1,665			1,665	5 MO S/L	1,499	166
120	Server & Warranty	10/31/11	5,390			5,390	5 MO S/L	4,851	539
121	Hard Drive	10/31/11	110			110	5 MO S/L	99	11
122	1 Computer, Newtwork Equip, & Install	11/23/11	2,685			2,685	5 MO S/L	2,417	268
123	Server Configuration	12/12/11	1,095			1,095	5 MO S/L	986	109
124	Network Equipment	12/31/11	4,342			4,342	5 MO S/L	3,908	434
125	Stove for LT	12/23/11	1,100			1,100	7 MO S/L	707	157
126	B to 3 Computer	12/28/11	499			499	5 MO S/L	449	50
127	Install Stove	12/31/11	146			146	7 MO S/L	94	21
128	Becky Laptop	1/23/12	1,017			1,017	3 MO S/L	1,017	0
129	Speaker Phone	2/16/12	685			685	7 MO S/L	440	98
130	Donna Computer Installed	3/20/12	925			925	5 MO S/L	833	92
131	Jill computer Installed	3/20/12	870			870	5 MO S/L	783	87
132	Heather Computer	3/23/12	895			895	5 MO S/L	806	89
133	Angela Computer	4/23/12	579			579	5 MO S/L	521	58
134	Computer & Power Adapter	4/30/12	830			830	5 MO S/L	747	83
135	Computer	6/01/12	782			782	5 MO S/L	704	78
136	Computer	6/30/12	780			780	5 MO S/L	702	78
137	Land	7/01/95	34,263			34,263	0 -- Land	0	0
138	Driveway Construction	9/06/94	3,863			3,863	25 MO S/L	3,374	154
139	Pavement	12/11/97	450			450	25 MO S/L	324	18
140	Land Purchase Expenses	6/30/11	9,392			9,392	0 -- Land	0	0
141	Purchase of Land W/Settlement Costs	6/14/12	155,960			155,960	0 -- Land	0	0
142	Land Purchase Expenses	6/30/12	8,197			8,197	0 -- Land	0	0
143	New water system	1/01/13	39,786			39,786	25 MO S/L	5,570	1,592
144	Latitude 145000 Series computer	12/01/14	1,150			1,150	5 MO S/L	364	230
145	Fence	5/18/15	4,999			4,999	5 MO S/L	1,083	1,000
146	Roof	12/23/15	12,900			12,900	25 MO S/L	258	516
147	Water Heater	6/16/16	2,780			2,780	25 MO S/L	0	111
148	Septic	6/01/16	20,432			20,432	25 MO S/L	68	817
149	AC Purchase & Installation	6/16/17	23,523			23,523	25 MO S/L	0	0
150	Doors & Windows (North Wall)	6/27/17	5,692			5,692	25 MO S/L	0	0
151	Scanner	10/26/16	3,400			3,400	5 MO S/L	0	453
152	Server & Firewall	6/30/17	10,307			10,307	5 MO S/L	0	0
	Total Other Depreciation		<u>695,585</u>			<u>695,585</u>		<u>324,803</u>	<u>19,356</u>
	Total ACRS and Other Depreciation		<u>695,585</u>			<u>695,585</u>		<u>324,803</u>	<u>19,356</u>
	Grand Totals		695,585			695,585		324,803	19,356
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>695,585</u>			<u>695,585</u>		<u>324,803</u>	<u>19,356</u>

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Tax Asset Detail 7/01/16 - 6/30/17

Page 1

FYE: 6/30/2017

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
1		House	9/15/94	147,088.35	0.00	0.00	128,211.98	5,883.53	134,095.51	12,992.84	S/L	25.00
2		Architect	4/10/02	4,794.36	0.00	0.00	2,732.76	191.77	2,924.53	1,869.83	S/L	25.00
3		Building Improvements	6/30/95	95,205.64	0.00	0.00	79,972.76	3,808.23	83,780.99	11,424.65	S/L	25.00
4		Building Improvements	9/15/95	4,287.30	0.00	0.00	3,558.45	171.49	3,729.94	557.36	S/L	25.00
5		Building Improvements	2/13/97	209.67	0.00	0.00	161.46	8.39	169.85	39.82	S/L	25.00
8		Shed	11/07/97	1,838.91	0.00	0.00	1,373.06	73.56	1,446.62	392.29	S/L	25.00
9		Shed	6/30/98	48.97	0.00	0.00	35.27	1.96	37.23	11.74	S/L	25.00
10		Insulate/Attic/Fan/Catwalk	7/20/99	830.00	0.00	0.00	556.10	33.20	589.30	240.70	S/L	25.00
12		Little House Wall-Door FRA	8/20/99	499.00	0.00	0.00	329.33	19.96	349.29	149.71	S/L	25.00
13		Little House	10/22/99	265.14	0.00	0.00	169.70	10.61	180.31	84.83	S/L	25.00
14		Closet to Increase Office	10/20/99	675.00	0.00	0.00	432.00	27.00	459.00	216.00	S/L	25.00
15		Folding Door-Meeting Room	2/11/00	1,850.00	0.00	0.00	1,214.83	74.00	1,288.83	561.17	S/L	25.00
16		Flood Lights	7/28/01	589.30	0.00	0.00	351.60	23.57	375.17	214.13	S/L	25.00
17		Building Improvements	8/30/01	191.38	0.00	0.00	113.57	7.66	121.23	70.15	S/L	25.00
18		Counter Top- Food	9/30/01	475.00	0.00	0.00	280.24	19.00	299.24	175.76	S/L	25.00
19		Remodel Business Office	8/13/01	654.55	0.00	0.00	390.54	26.18	416.72	237.83	S/L	25.00
20		Improved glass and door lock-Front	4/07/08	971.32	0.00	0.00	320.52	38.85	359.37	611.95	S/L	25.00
21		File Cabinet	10/01/88	123.14	0.00	0.00	123.14	0.00	123.14	0.00	S/L	7.00
22		File Cabinet	10/01/90	113.95	0.00	0.00	113.95	0.00	113.95	0.00	S/L	7.00
23		File Cabinet	2/01/91	112.95	0.00	0.00	112.95	0.00	112.95	0.00	S/L	7.00
24		Office Furniture	12/01/93	195.50	0.00	0.00	195.50	0.00	195.50	0.00	S/L	10.00
25		Office Furniture	3/11/94	578.00	0.00	0.00	578.00	0.00	578.00	0.00	S/L	10.00
26		2 Dr File Cabinet	5/13/94	113.95	0.00	0.00	113.95	0.00	113.95	0.00	S/L	5.00
27		Office Furniture	6/29/94	586.46	0.00	0.00	586.46	0.00	586.46	0.00	S/L	10.00
28		2 Dr File Cabinet	6/29/94	113.95	0.00	0.00	113.95	0.00	113.95	0.00	S/L	5.00
29		3 4 Dr File Cabinets	6/29/94	491.80	0.00	0.00	491.80	0.00	491.80	0.00	S/L	10.00
30		12 2 Dr File Cabinets	6/29/94	1,439.40	0.00	0.00	1,439.40	0.00	1,439.40	0.00	S/L	5.00
31		2 Drwr File Cabinet- Jean	6/21/95	111.00	0.00	0.00	111.00	0.00	111.00	0.00	S/L	5.00
34		3 File Cabinets-CCR	10/10/96	341.85	0.00	0.00	341.85	0.00	341.85	0.00	S/L	7.00
35		Desk Tops	10/23/96	1,801.75	0.00	0.00	1,801.75	0.00	1,801.75	0.00	S/L	7.00
36		4 F Cabinets- Ann,Peg,Rita,Cybe	12/04/96	455.80	0.00	0.00	455.80	0.00	455.80	0.00	S/L	7.00
39		4 Drawer Cabinet W/Lock-Food	6/30/97	148.51	0.00	0.00	148.51	0.00	148.51	0.00	S/L	7.00
41		Chair-Food	7/31/97	157.49	0.00	0.00	157.49	0.00	157.49	0.00	S/L	5.00
42		2 Drwr File Cabinet- Debb	10/01/97	105.00	0.00	0.00	105.00	0.00	105.00	0.00	S/L	7.00
43		2 Drwr File Cabinet- CCR	10/01/97	105.00	0.00	0.00	105.00	0.00	105.00	0.00	S/L	7.00
44		Outside Fence	10/09/97	218.80	0.00	0.00	218.80	0.00	218.80	0.00	S/L	5.00
45		Counter Top-Food	12/01/97	235.00	0.00	0.00	235.00	0.00	235.00	0.00	S/L	7.00
46		2 Drwr File Cabinet-Jean	12/04/97	105.00	0.00	0.00	105.00	0.00	105.00	0.00	S/L	7.00
47		Humidifier	12/29/97	119.95	0.00	0.00	119.95	0.00	119.95	0.00	S/L	5.00
49		Stihl Trimmer	5/08/98	119.95	0.00	0.00	119.95	0.00	119.95	0.00	S/L	5.00
50		3 Paddle Chair-SUPV VX	7/10/98	261.33	0.00	0.00	261.33	0.00	261.33	0.00	S/L	5.00
51		2 Dwr File W/Lock- Subsidy	9/04/98	105.00	0.00	0.00	105.00	0.00	105.00	0.00	S/L	5.00
52		2 Drwr File W/Lock- HB	7/24/98	105.00	0.00	0.00	105.00	0.00	105.00	0.00	S/L	5.00
53		Chair-CCR Specialist	1/23/99	104.99	0.00	0.00	104.99	0.00	104.99	0.00	S/L	5.00
54		2 Dr File Cabinet- Referral	2/08/99	112.72	0.00	0.00	112.72	0.00	112.72	0.00	S/L	5.00
55		Playground Equipment	6/29/99	4,351.59	0.00	0.00	4,351.59	0.00	4,351.59	0.00	S/L	10.00
56		Swing/Play Area	9/15/99	339.73	0.00	0.00	339.73	0.00	339.73	0.00	S/L	5.00
57		16 Meeting Chairs	10/13/99	1,990.08	0.00	0.00	1,990.08	0.00	1,990.08	0.00	S/L	5.00
60		Office Chair-CCR	5/01/01	104.98	0.00	0.00	104.98	0.00	104.98	0.00	S/L	5.00
67		LCD Projector- GRTW	6/29/02	2,524.00	0.00	0.00	2,524.00	0.00	2,524.00	0.00	S/L	5.00
75		12 Snow Shoes	1/02/03	745.00	0.00	0.00	745.00	0.00	745.00	0.00	S/L	5.00

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Tax Asset Detail 7/01/16 - 6/30/17

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Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
76		Vercom Telephone System	9/01/03	16,988.00	0.00	0.00	16,988.00	0.00	16,988.00	0.00	S/L	7.00
80		Computer-Debbie (Bus Office)->M	5/04/05	519.00	0.00	0.00	519.00	0.00	519.00	0.00	S/L	5.00
84		LT Equipment	3/06/06	303.50	0.00	0.00	303.50	0.00	303.50	0.00	S/L	5.00
98		B&H Electric-Security Equip	1/27/09	1,008.13	0.00	0.00	1,008.13	0.00	1,008.13	0.00	S/L	5.00
99		Wii & Accessories	2/09/09	609.92	0.00	0.00	609.92	0.00	609.92	0.00	S/L	5.00
100		Wide Screen TV	1/22/09	1,379.97	0.00	0.00	1,379.97	0.00	1,379.97	0.00	S/L	5.00
101		Dell Computer-Becky	7/14/09	554.00	0.00	0.00	554.00	0.00	554.00	0.00	S/L	3.00
103		Dell Lat E5510, Monitor, Docking-!	5/18/10	1,478.00	0.00	0.00	1,478.00	0.00	1,478.00	0.00	S/L	3.00
104		4 Dell Lat #5510-FIT	6/30/10	4,632.12	0.00	0.00	4,632.12	0.00	4,632.12	0.00	S/L	3.00
105		4 Desks, Chairs, 1 Partition-LT	6/30/10	1,678.29	0.00	0.00	1,678.29	0.00	1,678.29	0.00	S/L	5.00
106		Air Conditioner (FIT-EL) Office	7/06/10	599.98	0.00	0.00	599.98	0.00	599.98	0.00	S/L	5.00
107		4 Dell Laptops (Learning Together)	9/27/10	2,585.25	0.00	0.00	2,585.25	0.00	2,585.25	0.00	S/L	3.00
108		2 Nextlink 3025 Computers	4/30/11	1,757.70	0.00	0.00	1,757.70	0.00	1,757.70	0.00	S/L	5.00
109		QB Enterprise Software	6/23/11	2,100.00	0.00	0.00	2,100.00	0.00	2,100.00	0.00	S/L	3.00
110		Giftworks Software	6/30/11	1,247.00	0.00	0.00	1,247.00	0.00	1,247.00	0.00	S/L	3.00
111		Microsoft Software	7/06/10	1,247.00	0.00	0.00	1,247.00	0.00	1,247.00	0.00	S/L	3.00
112		3 Computers	7/31/11	2,385.00	0.00	0.00	2,146.50	238.50	2,385.00	0.00	S/L	5.00
113		3 Computers Insurance Replacemen	8/09/11	2,110.00	0.00	0.00	1,899.00	211.00	2,110.00	0.00	S/L	5.00
114		3 Computers Installed	9/22/11	2,940.00	0.00	0.00	2,646.00	294.00	2,940.00	0.00	S/L	5.00
115		OCE Copier	9/30/11	6,700.00	0.00	0.00	6,030.00	670.00	6,700.00	0.00	S/L	5.00
116		Lorraine Computer	9/30/11	720.00	0.00	0.00	648.00	72.00	720.00	0.00	S/L	5.00
117		Christine Computer	9/30/11	720.00	0.00	0.00	648.00	72.00	720.00	0.00	S/L	5.00
118		Marilyn Computer	9/30/11	720.00	0.00	0.00	648.00	72.00	720.00	0.00	S/L	5.00
119		Labor Netwok Configuration	9/30/11	1,665.00	0.00	0.00	1,498.50	166.50	1,665.00	0.00	S/L	5.00
120		Server & Warranty	10/31/11	5,390.00	0.00	0.00	4,851.00	539.00	5,390.00	0.00	S/L	5.00
121		Hard Drive	10/31/11	110.00	0.00	0.00	99.00	11.00	110.00	0.00	S/L	5.00
122		1 Computer, Newtwork Equip, & In	11/23/11	2,685.00	0.00	0.00	2,416.50	268.50	2,685.00	0.00	S/L	5.00
123		Server Configuration	12/12/11	1,095.00	0.00	0.00	985.50	109.50	1,095.00	0.00	S/L	5.00
124		Network Equipment	12/31/11	4,342.00	0.00	0.00	3,907.80	434.20	4,342.00	0.00	S/L	5.00
125		Stove for LT	12/23/11	1,099.99	0.00	0.00	707.13	157.14	864.27	235.72	S/L	7.00
126		B to 3 Computer	12/28/11	499.00	0.00	0.00	449.10	49.90	499.00	0.00	S/L	5.00
127		Install Stove	12/31/11	145.83	0.00	0.00	93.74	20.83	114.57	31.26	S/L	7.00
128		Becky Laptop	1/23/12	1,016.99	0.00	0.00	1,016.99	0.00	1,016.99	0.00	S/L	3.00
129		Speaker Phone	2/16/12	685.00	0.00	0.00	440.37	97.86	538.23	146.77	S/L	7.00
130		Donna Computer Installed	3/20/12	925.00	0.00	0.00	832.50	92.50	925.00	0.00	S/L	5.00
131		Jill computer Installed	3/20/12	870.00	0.00	0.00	783.00	87.00	870.00	0.00	S/L	5.00
132		Heather Computer	3/23/12	895.00	0.00	0.00	805.50	89.50	895.00	0.00	S/L	5.00
133		Angela Computer	4/23/12	579.00	0.00	0.00	521.10	57.90	579.00	0.00	S/L	5.00
134		Computer & Power Adapter	4/30/12	830.00	0.00	0.00	747.00	83.00	830.00	0.00	S/L	5.00
135		Computer	6/01/12	782.00	0.00	0.00	703.80	78.20	782.00	0.00	S/L	5.00
136		Computer	6/30/12	780.00	0.00	0.00	702.00	78.00	780.00	0.00	S/L	5.00
137		Land	7/01/95	34,262.71	0.00	0.00	0.00	0.00	0.00	34,262.71	Land	0.00
138		Driveway Construction	9/06/94	3,863.19	0.00	0.00	3,373.88	154.53	3,528.41	334.78	S/L	25.00
139		Pavement	12/11/97	450.00	0.00	0.00	324.00	18.00	342.00	108.00	S/L	25.00
140		Land Purchase Expenses	6/30/11	9,391.65	0.00	0.00	0.00	0.00	0.00	9,391.65	Land	0.00
141		Purchase of Land W/Settlement Cos	6/14/12	155,959.75	0.00	0.00	0.00	0.00	0.00	155,959.75	Land	0.00
142		Land Purchase Expenses	6/30/12	8,197.38	0.00	0.00	0.00	0.00	0.00	8,197.38	Land	0.00
143		New water system	1/01/13	39,786.19	0.00	0.00	5,570.07	1,591.45	7,161.52	32,624.67	S/L	25.00
144		Latitude 145000 Series computer	12/01/14	1,150.00	0.00	0.00	364.17	230.00	594.17	555.83	S/L	5.00
145		Fence	5/18/15	4,999.00	0.00	0.00	1,083.12	999.80	2,082.92	2,916.08	S/L	5.00
146		Roof	12/23/15	12,900.00	0.00	0.00	258.00	516.00	774.00	12,126.00	S/L	25.00

FYE: 6/30/2017

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
147		Water Heater	6/16/16	2,780.00	0.00	0.00	0.00	111.20	111.20	2,668.80	S/L	25.00
148		Septic	6/01/16	20,432.49	0.00	0.00	68.11	817.30	885.41	19,547.08	S/L	25.00
149		AC Purchase & Installation	6/16/17	23,523.00	0.00c	0.00	0.00	0.00	0.00	23,523.00	S/L	25.00
150		Doors & Windows (North Wall)	6/27/17	5,692.00	0.00c	0.00	0.00	0.00	0.00	5,692.00	S/L	25.00
151		Scanner	10/26/16	3,400.00	0.00c	0.00	0.00	453.33	453.33	2,946.67	S/L	5.00
152		Server & Firewall	6/30/17	10,307.00	0.00c	0.00	0.00	0.00	0.00	10,307.00	S/L	5.00
Grand Total				<u>695,584.54</u>	<u>0.00c</u>	<u>0.00</u>	<u>324,798.03</u>	<u>19,360.60</u>	<u>344,158.63</u>	<u>351,425.91</u>		

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Federal Statements

FYE: 6/30/2017

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 30,512		14			
TOTAL	\$ <u>30,512</u>					

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Federal Statements

FYE: 6/30/2017

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONTRACTED SERVICES - OTHER	\$ 46,799	\$ 12,433	\$ 10,519	\$ 23,847
CONTRACTED SERVICES - CIS	2,450	2,450		
CONTRACTED SERVICES - YOUTH	3,130	3,130		
CONTRACTED SERVICES - CCS	775	775		
TOTAL	<u>\$ 53,154</u>	<u>\$ 18,788</u>	<u>\$ 10,519</u>	<u>\$ 23,847</u>