

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

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\$ 2,510,198
F Name and address of principal officer: FLOYD NEASE 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: TO PROMOTE THE WELL-BEING OF LAMOILLE VALLEY CHILDREN, YOUTH, AND FAMILIES AND SUPPORT THEM IN MEETING LIFE'S CHALLENGES THROUGH EDUCATION, DIRECT SERVICES AND ADVOCACY.		
	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)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	57
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 38	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	906,231	811,632
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,202,759	1,144,405
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,672	64,216
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,082	142
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,179,744	2,020,395
	14 Benefits paid to or for members (Part IX, column (A), line 4)	208,811	201,221
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,368,076	1,389,562
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 111,027	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	393,987	346,473
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,970,874	1,937,256	
19 Revenue less expenses. Subtract line 18 from line 12	208,870	83,139	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,436,345	2,492,339
	22 Net assets or fund balances. Subtract line 21 from line 20	249,147	191,597
		2,187,198	2,300,742

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

TO PROMOTE THE WELL-BEING OF LAMOILLE VALLEY CHILDREN, YOUTH, AND FAMILIES AND SUPPORT THEM IN MEETING LIFE'S CHALLENGES THROUGH EDUCATION, DIRECT SERVICES AND ADVOCACY.

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? [X] Yes [] 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 \$ 755,050 including grants of \$ 165,668) (Revenue \$ 700,476)

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 \$ 292,315 including grants of \$) (Revenue \$ 297,185)

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 \$ 241,014 including grants of \$) (Revenue \$ 146,294)

CHILD CARE SUPPORT SERVICES PROVIDES ASSISTANCE TO FAMILIES THROUGH 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 \$ 281,974 including grants of \$ 35,553) (Revenue \$ 450)

4e Total program service expenses 1,570,353

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
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 57		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] 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

DEAN BURNELL 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) NEAL FISHER CHAIR	0.50 0.00	X		X				0	0	0
(2) MARILYN MAY VICE CHAIR	0.50 0.00	X		X				0	0	0
(3) CAJSA SCHUMACHER TREASURER	0.50 0.00	X		X				0	0	0
(4) BRENDA CHRISTIE SECRETARY	0.50 0.00	X		X				0	0	0
(5) ADAM LORY DIRECTOR	0.50 0.00	X						0	0	0
(6) KERRI JOHNSON DIRECTOR	0.50 0.00	X						0	0	0
(7) JOHN DUFFY DIRECTOR	0.50 0.00	X						0	0	0
(8) SANDY PAQUETTE DIRECTOR	0.50 0.00	X						0	0	0
(9) EILEEN PAUS DIRECTOR	0.50 0.00	X						0	0	0
(10) DIXIE BOLIO (UNTIL NOV. 2018) DIRECTOR	0.50 0.00	X						0	0	0
(11) JANELLE GERMAINE (UNTIL NOV. 2018) 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) FLOYD NEASE EXECUTIVE DIRECTOR	40.00 0.00			X				43,942	0	0
1b Sub-total								43,942		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								43,942		

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	552,284			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	259,348			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f	811,632			
Program Service Revenue	2a PROGRAM SERVICE FEES Busn. Code	624100	1,144,405	1,144,405	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	1,144,405			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		43,056		43,056
	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	(ii) Other		
	b Less: cost or other basis & sales exps.	510,963			
	c Gain or (loss)	489,803			
	d Net gain or (loss)	21,160		21,160	
	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	142	142		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		142			
12 Total revenue. See instructions.		2,020,395	1,165,707	0	43,056

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	201,221	201,221		
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	69,243	10,386	55,395	3,462
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	1,087,220	955,116	84,065	48,039
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,944	3,337	422	185
9 Other employee benefits	126,045	106,660	13,473	5,912
10 Payroll taxes	103,110	85,375	13,340	4,395
11 Fees for services (non-employees):				
a Management				
b Legal	14,060	14,060		
c Accounting	9,700		9,700	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	8,948		8,948	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	49,332	20,984	13,285	15,063
12 Advertising and promotion	10,605	8,319	1,227	1,059
13 Office expenses	17,743	7,353	9,735	655
14 Information technology	9,419	7,183	2,109	127
15 Royalties				
16 Occupancy	26,494	21,087	4,334	1,073
17 Travel	37,415	35,284	1,289	842
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,201	10,834	362	5
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,461		21,461	
23 Insurance	8,564	4,789	3,523	252
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	51,751	37,587	7,731	6,433
b EVENTS & ACTIVITIES	43,065	40,378	6	2,681
c FUNDRAISING EXPENSES	20,843			20,843
d OTHER EXPENSES	5,872	400	5,471	1
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,937,256	1,570,353	255,876	111,027
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	529,158	2 485,394
	3	Pledges and grants receivable, net	25,510	3 13,410
	4	Accounts receivable, net	190,024	4 204,626
	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	13,042	9 15,412
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 716,448	
	b	Less: accumulated depreciation	10b 348,971	10c 367,477
	11	Investments—publicly traded securities	1,299,709	11 1,406,020
	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)	2,436,345	16 2,492,339	
Liabilities	17	Accounts payable and accrued expenses	154,421	17 111,696
	18	Grants payable		18
	19	Deferred revenue	40,882	19 26,274
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	53,844	21 53,627
	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	249,147	26 191,597
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	2,070,924	27 2,247,964
	28	Temporarily restricted net assets	116,274	28 52,778
	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	2,187,198	33 2,300,742	
34	Total liabilities and net assets/fund balances	2,436,345	34 2,492,339	

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	2,020,395
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,937,256
3	Revenue less expenses. Subtract line 2 from line 1	3	83,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,187,198
5	Net unrealized gains (losses) on investments	5	30,405
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	2,300,742

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 checked="" 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 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

2018

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.**

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

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 6,058,915
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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 96.55%
15 Public support percentage from 2017 Schedule A, Part II, line 14 15 97.54%
16a 33 1/3% support test—2018. 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 [X]
b 33 1/3% support test—2017. 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
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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 of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
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 and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

A series of horizontal dotted lines for providing supplemental information, consisting of approximately 25 lines.

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

2018

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

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 **-***7640

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6 are empty.

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

Schedule C (Form 990 or 990-EZ) 2018

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: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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) 2015	(b) 2016	(c) 2017	(d) 2018	(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: (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.

Part IV Supplemental Information (continued)

Dotted lines for supplemental information.

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.

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

OMB No. 1545-0047

2018

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, and questions about donor informed status.

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 of conservation easements, total number of easements, and questions about monitoring and reporting.

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 and historical treasures.

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:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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:

- (i) unrelated organizations, (ii) related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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 empty.

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. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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.

Part XIII Supplemental Information (continued)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include CALEDONIA HOME HEALTH, LAMOILLE COUNTY MENTAL HEALTH, LAMOILLE HOME HEALTH & HOSPICE, and NORTHERN VERMONT UNIVERSITY.

- 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

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
 MONTHLY REPORTING IS REQUIRED FOR CLIENTS SERVED. MOU'S MUST BE APPROVED
 AND SIGNED. COMMUNITY PARTNERS ARE INCLUDED IN THE CIS STEERING COMMITTEE.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

-*7640

FORM 990, PART III, LINE 3

LFC CEASED CONDUCTING FAMILIES LEARNING TOGETHER IN DECEMBER 2018 DUE TO
FUNDING RESTRAINTS AND A SHARP DECREASE IN REFERRALS.

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

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 ACCOUNTANT.

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

ANNUAL REVIEW BY E.D. 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
KEY EMPLOYEES TO SEE IF THERE IS ANY EMPLOYEE, OR CLASS OF EMPLOYEE, WHOSE
WAGE RATE IS OUT OF LINE.

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

LFC WEBSITE OR AS REQUESTED.

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2018

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

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 main rows for Part I. Line 1: 1,000,000; Line 3: 2,500,000; Line 16: 20,964.

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 rows for Part II. Line 16: 20,964.

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

Section A

Table with 2 rows for Section A. Line 17: 0.

Section B—Assets Placed in Service During 2018 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 2018 Tax Year Using the Alternative Depreciation System

Table with 6 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 2 rows for Part IV. Line 22: 20,964.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2018)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 07/01/18, ending 06/30/19		

Name

Taxpayer Identification Number

LAMOILLE FAMILY CENTER, INC.

-*7640

		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	358,272	259,348	-98,924
	2. Membership dues and assessments			
	3. Government contributions and grants	547,959	552,284	4,325
	4. Program service revenue	1,202,759	1,144,405	-58,354
	5. Investment income	37,929	43,056	5,127
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	19,743	21,160	1,417
	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	13,082	142	-12,940
	12. Total revenue. Add lines 1 through 11	2,179,744	2,020,395	-159,349
E x p e n s e s	13. Grants and similar amounts paid	208,811	201,221	-7,590
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	85,922	69,243	-16,679
	16. Salaries, other compensation, and employee benefits	1,282,154	1,320,319	38,165
	17. Professional fundraising fees			
	18. Other professional fees	103,378	82,040	-21,338
	19. Occupancy, rent, utilities, and maintenance	46,268	26,494	-19,774
	20. Depreciation and Depletion	19,083	21,461	2,378
	21. Other expenses	225,258	216,478	-8,780
	22. Total expenses. Add lines 13 through 21	1,970,874	1,937,256	-33,618
	23. Excess or (Deficit). Subtract line 22 from line 12	208,870	83,139	-125,731
O t h e r I n f o r m a t i o n	24. Total exempt revenue	2,179,744	2,020,395	-159,349
	25. Total unrelated revenue			
	26. Total excludable revenue	1,273,513	1,208,763	-64,750
	27. Total assets	2,436,345	2,492,339	55,994
	28. Total liabilities	249,147	191,597	-57,550
	29. Retained earnings	2,187,198	2,300,742	113,544
	30. Number of voting members of governing body	10	9	
31. Number of independent voting members of governing body	10	9		
32. Number of employees	54	57		
33. Number of volunteers	75	75		

Form 990	Tax Return History	2018
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Name LAMOILLE FAMILY CENTER, INC.	Employer Identification Number **-***7640
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	801,027	1,062,915	799,152	906,231	811,632	
Membership dues						
Program service revenue	1,261,587	1,237,944	1,198,996	1,202,759	1,144,405	
Capital gain or loss		-11,821	7,928	19,743	21,160	
Investment income	7,884	27,361	30,512	37,929	43,056	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			14,878	13,082	142	
Total revenue	2,070,498	2,316,399	2,051,466	2,179,744	2,020,395	
Grants and similar amounts paid	213,575	213,692	217,570	208,811	201,221	
Benefits paid to or for members						
Compensation of officers, etc.	65,509	66,266	69,234	85,922	69,243	
Other compensation	1,225,090	1,216,397	1,299,053	1,282,154	1,320,319	
Professional fees	53,718	79,008	64,893	103,378	82,040	
Occupancy costs	38,715	41,764	35,623	46,268	26,494	
Depreciation and depletion	21,241	21,808	19,360	19,083	21,461	
Other expenses	276,523	278,843	224,698	225,258	216,478	
Total expenses	1,894,371	1,917,778	1,930,431	1,970,874	1,937,256	
Excess or (Deficit)	176,127	398,621	121,035	208,870	83,139	
Total exempt revenue	2,070,498	2,316,399	2,051,466	2,179,744	2,020,395	
Total unrelated revenue						
Total excludable revenue	1,269,471	1,253,484	1,252,314	1,273,513	1,208,763	
Total Assets	1,610,596	1,995,655	2,174,894	2,436,345	2,492,339	
Total Liabilities	215,366	220,709	195,415	249,147	191,597	
Net Fund Balances	1,395,230	1,774,946	1,979,479	2,187,198	2,300,742	

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Federal Asset Report

FYE: 6/30/2019

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	139,979	5,884
2	Architect	4/10/02	4,794				4,794	25	MO S/L	3,116	192
3	Building Improvements	6/30/95	95,206				95,206	25	MO S/L	87,589	3,808
4	Building Improvements	9/15/95	4,287				4,287	25	MO S/L	3,901	172
5	Building Improvements	2/13/97	210				210	25	MO S/L	178	9
8	Shed	11/07/97	1,839				1,839	25	MO S/L	1,520	74
9	Shed	6/30/98	49				49	25	MO S/L	39	2
10	Insulate/Attic/Fan/Catwalk	7/20/99	830				830	25	MO S/L	623	33
12	Little House Wall-Door FRA	8/20/99	499				499	25	MO S/L	369	20
13	Little House	10/22/99	265				265	25	MO S/L	191	11
14	Closet to Increase Office	10/20/99	675				675	25	MO S/L	486	27
15	Folding Door-Meeting Room	2/11/00	1,850				1,850	25	MO S/L	1,363	74
16	Flood Lights	7/28/01	589				589	25	MO S/L	399	23
17	Building Improvements	8/30/01	191				191	25	MO S/L	129	8
18	Counter Top- Food	9/30/01	475				475	25	MO S/L	318	19
19	Remodel Business Office	8/13/01	655				655	25	MO S/L	443	26
20	Improved glass and door lock-Front Office	4/07/08	971				971	25	MO S/L	398	39
26	2 Dr File Cabinet	5/13/94	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
46	2 Drwr File Cabinet-Jean	12/04/97	105				105	7	MO S/L	105	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
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
104	4 Dell Lat #5510-FIT	6/30/10	4,632				4,632	3	MO S/L	4,632	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
112	3 Computers	7/31/11	2,385				2,385	5	MO S/L	2,385	0
113	3 Computers Insurance Replacements	8/09/11	2,110				2,110	5	MO S/L	2,110	0
114	3 Computers Installed	9/22/11	2,940				2,940	5	MO S/L	2,940	0
116	Lorraine Computer	9/30/11	720				720	5	MO S/L	720	0
117	Christine Computer	9/30/11	720				720	5	MO S/L	720	0
118	Marilyn Computer	9/30/11	720				720	5	MO S/L	720	0
121	Hard Drive	10/31/11	110				110	5	MO S/L	110	0
125	Stove for LT	12/23/11	1,100				1,100	7	MO S/L	1,021	79
126	B to 3 Computer	12/28/11	499				499	5	MO S/L	499	0
127	Install Stove	12/31/11	146				146	7	MO S/L	135	11
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	636	49
130	Donna Computer Installed	3/20/12	925				925	5	MO S/L	925	0
131	Jill computer Installed	3/20/12	870				870	5	MO S/L	870	0
132	Heather Computer	3/23/12	895				895	5	MO S/L	895	0
133	Angela Computer	4/23/12	579				579	5	MO S/L	579	0
134	Computer & Power Adapter	4/30/12	830				830	5	MO S/L	830	0
135	Computer	6/01/12	782				782	5	MO S/L	782	0
136	Computer	6/30/12	780				780	5	MO S/L	780	0
137	Land	7/01/95	34,263				34,263	0	-- Land	0	0

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Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
138	Driveway Construction	9/06/94	3,863			3,863	25 MO S/L	3,683	154
139	Pavement	12/11/97	450			450	25 MO S/L	360	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	8,753	1,591
144	Latitude 145000 Series computer	12/01/14	1,150			1,150	5 MO S/L	824	230
145	Fence	5/18/15	4,999			4,999	5 MO S/L	3,083	1,000
146	Roof	12/23/15	12,900			12,900	25 MO S/L	1,290	516
147	Water Heater	6/16/16	2,780			2,780	25 MO S/L	222	112
148	Septic	6/01/16	20,432			20,432	25 MO S/L	1,703	817
149	AC Purchase & Installation	6/16/17	23,523			23,523	25 MO S/L	941	941
150	Doors & Windows (North Wall)	6/27/17	5,692			5,692	25 MO S/L	228	227
151	Scanner	10/26/16	3,400			3,400	5 MO S/L	1,133	680
152	Server & Firewall	6/30/17	10,307			10,307	5 MO S/L	2,061	2,062
153	Laptop - Exec Director	4/24/18	1,210			1,210	5 MO S/L	40	242
154	Little House Renovations	6/30/18	45,350			45,350	25 MO S/L	0	1,814
155	Flooring - 2nd floor offices, etc.	6/30/19	10,035			10,035	25 MO S/L	0	0
	Total Other Depreciation		<u>716,826</u>			<u>716,826</u>		<u>327,887</u>	<u>20,964</u>
	Total ACRS and Other Depreciation		<u>716,826</u>			<u>716,826</u>		<u>327,887</u>	<u>20,964</u>
	Grand Totals		716,826			716,826		327,887	20,964
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>716,826</u>			<u>716,826</u>		<u>327,887</u>	<u>20,964</u>

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Tax Asset Detail 7/01/18 - 6/30/19

Page 1

FYE: 6/30/2019

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	139,979.04	5,883.53	145,862.57	1,225.78	S/L	25.00
2		Architect	4/10/02	4,794.36	0.00	0.00	3,116.30	191.77	3,308.07	1,486.29	S/L	25.00
3		Building Improvements	6/30/95	95,205.64	0.00	0.00	87,589.22	3,808.23	91,397.45	3,808.19	S/L	25.00
4		Building Improvements	9/15/95	4,287.30	0.00	0.00	3,901.43	171.49	4,072.92	214.38	S/L	25.00
5		Building Improvements	2/13/97	209.67	0.00	0.00	178.24	8.39	186.63	23.04	S/L	25.00
8		Shed	11/07/97	1,838.91	0.00	0.00	1,520.18	73.56	1,593.74	245.17	S/L	25.00
9		Shed	6/30/98	48.97	0.00	0.00	39.19	1.96	41.15	7.82	S/L	25.00
10		Insulate/Attic/Fan/Catwalk	7/20/99	830.00	0.00	0.00	622.50	33.20	655.70	174.30	S/L	25.00
12		Little House Wall-Door FRA	8/20/99	499.00	0.00	0.00	369.25	19.96	389.21	109.79	S/L	25.00
13		Little House	10/22/99	265.14	0.00	0.00	190.92	10.61	201.53	63.61	S/L	25.00
14		Closet to Increase Office	10/20/99	675.00	0.00	0.00	486.00	27.00	513.00	162.00	S/L	25.00
15		Folding Door-Meeting Room	2/11/00	1,850.00	0.00	0.00	1,362.83	74.00	1,436.83	413.17	S/L	25.00
16		Flood Lights	7/28/01	589.30	0.00	0.00	398.74	23.57	422.31	166.99	S/L	25.00
17		Building Improvements	8/30/01	191.38	0.00	0.00	128.89	7.66	136.55	54.83	S/L	25.00
18		Counter Top- Food	9/30/01	475.00	0.00	0.00	318.24	19.00	337.24	137.76	S/L	25.00
19		Remodel Business Office	8/13/01	654.55	0.00	0.00	442.90	26.18	469.08	185.47	S/L	25.00
20		Improved glass and door lock-Front	4/07/08	971.32	0.00	0.00	398.22	38.85	437.07	534.25	S/L	25.00
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
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-CCRR	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- CCRR	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
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-CCRR 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-CCRR	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
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
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
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
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
112		3 Computers	7/31/11	2,385.00	0.00	0.00	2,385.00	0.00	2,385.00	0.00	S/L	5.00
113		3 Computers Insurance Replacemen	8/09/11	2,110.00	0.00	0.00	2,110.00	0.00	2,110.00	0.00	S/L	5.00
114		3 Computers Installed	9/22/11	2,940.00	0.00	0.00	2,940.00	0.00	2,940.00	0.00	S/L	5.00

_*7640

Tax Asset Detail 7/01/18 - 6/30/19

Page 2

FYE: 6/30/2019

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
116		Lorraine Computer	9/30/11	720.00	0.00	0.00	720.00	0.00	720.00	0.00	S/L	5.00
117		Christine Computer	9/30/11	720.00	0.00	0.00	720.00	0.00	720.00	0.00	S/L	5.00
118		Marilyn Computer	9/30/11	720.00	0.00	0.00	720.00	0.00	720.00	0.00	S/L	5.00
121		Hard Drive	10/31/11	110.00	0.00	0.00	110.00	0.00	110.00	0.00	S/L	5.00
125		Stove for LT	12/23/11	1,099.99	0.00	0.00	1,021.41	78.58	1,099.99	0.00	S/L	7.00
126		B to 3 Computer	12/28/11	499.00	0.00	0.00	499.00	0.00	499.00	0.00	S/L	5.00
127		Install Stove	12/31/11	145.83	0.00	0.00	135.40	10.43	145.83	0.00	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	636.09	48.91	685.00	0.00	S/L	7.00
130		Donna Computer Installed	3/20/12	925.00	0.00	0.00	925.00	0.00	925.00	0.00	S/L	5.00
131		Jill computer Installed	3/20/12	870.00	0.00	0.00	870.00	0.00	870.00	0.00	S/L	5.00
132		Heather Computer	3/23/12	895.00	0.00	0.00	895.00	0.00	895.00	0.00	S/L	5.00
133		Angela Computer	4/23/12	579.00	0.00	0.00	579.00	0.00	579.00	0.00	S/L	5.00
134		Computer & Power Adapter	4/30/12	830.00	0.00	0.00	830.00	0.00	830.00	0.00	S/L	5.00
135		Computer	6/01/12	782.00	0.00	0.00	782.00	0.00	782.00	0.00	S/L	5.00
136		Computer	6/30/12	780.00	0.00	0.00	780.00	0.00	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	3,682.94	154.53	3,837.47	25.72	S/L	25.00
139		Pavement	12/11/97	450.00	0.00	0.00	360.00	18.00	378.00	72.00	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	8,752.97	1,591.45	10,344.42	29,441.77	S/L	25.00
144		Latitude 145000 Series computer	12/01/14	1,150.00	0.00	0.00	824.17	230.00	1,054.17	95.83	S/L	5.00
145		Fence	5/18/15	4,999.00	0.00	0.00	3,082.72	999.80	4,082.52	916.48	S/L	5.00
146		Roof	12/23/15	12,900.00	0.00	0.00	1,290.00	516.00	1,806.00	11,094.00	S/L	25.00
147		Water Heater	6/16/16	2,780.00	0.00	0.00	222.40	111.20	333.60	2,446.40	S/L	25.00
148		Septic	6/01/16	20,432.49	0.00	0.00	1,702.71	817.30	2,520.01	17,912.48	S/L	25.00
149		AC Purchase & Installation	6/16/17	23,523.00	0.00	0.00	940.92	940.92	1,881.84	21,641.16	S/L	25.00
150		Doors & Windows (North Wall)	6/27/17	5,692.00	0.00	0.00	227.68	227.68	455.36	5,236.64	S/L	25.00
151		Scanner	10/26/16	3,400.00	0.00	0.00	1,133.33	680.00	1,813.33	1,586.67	S/L	5.00
152		Server & Firewall	6/30/17	10,307.00	0.00	0.00	2,061.40	2,061.40	4,122.80	6,184.20	S/L	5.00
153		Laptop - Exec Director	4/24/18	1,210.00	0.00	0.00	40.33	242.00	282.33	927.67	S/L	5.00
154		Little House Renovations	6/30/18	45,350.00	0.00	0.00	0.00	1,814.00	1,814.00	43,536.00	S/L	25.00
155		Flooring - 2nd floor offices, etc.	6/30/19	10,035.09	0.00c	0.00	0.00	0.00	0.00	10,035.09	S/L	25.00
Grand Total				<u>716,825.62</u>	<u>0.00c</u>	<u>0.00</u>	<u>327,888.02</u>	<u>20,961.16</u>	<u>348,849.18</u>	<u>367,976.44</u>		

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Federal Statements

FYE: 6/30/2019

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 43,056		14			
TOTAL	<u>\$ 43,056</u>					

-*7640

Federal Statements

FYE: 6/30/2019

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 SRVS - OTHER	\$ 41,346	\$ 12,998	\$ 13,285	\$ 15,063
CONTRACTED SRVS - CIS	7,236	7,236		
CONTRACTED SRVS - YOUTH	600	600		
CONTRACTED SRVS - CHILD CARE	150	150		
TOTAL	<u>\$ 49,332</u>	<u>\$ 20,984</u>	<u>\$ 13,285</u>	<u>\$ 15,063</u>

-*7640

Federal Statements

FYE: 6/30/2019

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$ 43,056
TOTAL	\$ 43,056

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM SERVICE FEES	\$ 1,144,405
OTHER INCOME	142
TOTAL	\$ 1,144,547