

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

OMB No. 1545-0047

2019
Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

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.		D Employer identification number 03-0277640
	Doing business as		E Telephone number 802-888-5229
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts\$ 3,149,911
	480 CADYS FALLS ROAD		
City or town, state or province, country, and ZIP or foreign postal code 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)	
F Name and address of principal officer: FLOYD NEASE 480 CADYS FALLS ROAD MORRISVILLE VT 05661		H(c) Group exemption number ▶	
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			
J Website: ▶ WWW.LAMOILLEFAMILYCENTER.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1976	M State of legal domicile: VT

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)	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	52	
	6 Total number of volunteers (estimate if necessary)	75	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
b Net unrelated business taxable income from Form 990-T, line 39	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 811,632	Current Year: 1,062,270
	9 Program service revenue (Part VIII, line 2g)	1,144,405	1,079,297
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,216	-32,683
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	142	196
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,020,395	2,109,080
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	201,221	178,721
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,389,562	1,406,320
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,850		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	346,473	342,080	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,937,256	1,927,121	
19 Revenue less expenses. Subtract line 18 from line 12	83,139	181,959	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 2,492,339	End of Year: 2,779,164
	21 Total liabilities (Part X, line 26)	191,597	191,208
	22 Net assets or fund balances. Subtract line 21 from line 20	2,300,742	2,587,956

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 EXECUTIVE DIRECTOR			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RANDALL L. SARGENT, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00136499
	Firm's name ▶ JMM & ASSOCIATES, PC	Firm's EIN ▶ 03-0280081			
	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

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:

SEE SCHEDULE O

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 \$ 827,955 including grants of \$ 170,321) (Revenue \$ 775,283)

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 \$ 236,862 including grants of \$) (Revenue \$ 112,014)

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.

4c (Code:) (Expenses \$ 225,332 including grants of \$ 8,400) (Revenue \$)

HEALTHY LAMOILLE VALLEY (HLV) - HLV'S PRIMARY FOCUS IS PREVENTING SUBSTANCE ABUSE AMONG YOUTH AND YOUNG ADULTS. INCLUDED IN HLV'S PROGRAMS ARE THE FOLLOWING:

REGIONAL PREVENTION PARTNERSHIP - WORKS COLLABORATIVELY WITH DIVERSE COMMUNITY PARTNERS TO PREVENT AND REDUCE UNDERAGE USE OF ALCOHOL, BINGE DRINKING, AND TOBACCO WHILE INCREASING PRESCRIPTION DRUG SAFETY AND MARIJUANA EDUCATION. HLV COLLABORATES WITH THE COLLEGE-AGE POPULATION TO LOOK AT HIGH-RISK ALCOHOL AND DRUG USE.

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

(Expenses \$ 272,870 including grants of \$) (Revenue \$ 192,000)

4e Total program service expenses 1,563,019

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 donor-restricted endowments or in 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		
		1a	34
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
		1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
		1c	

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 52		
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 on 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 on 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 on 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 on 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, 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 on 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 on Schedule O)
19 Describe on 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 VT 05661 802-888-5229 MORRISVILLE

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

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

(A) Name and title	(B) Average hours per week 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) MARILYN MAY	0.50									
INTERIM CHAIR	0.00	X		X			0	0	0	
(2) CAJSA SCHUMACHER	0.50									
TREASURER	0.00	X		X			0	0	0	
(3) BRENDA CHRISTIE	0.50									
SECRETARY	0.00	X		X			0	0	0	
(4) ADAM LORY	0.50									
DIRECTOR	0.00	X					0	0	0	
(5) KERRI JOHNSON	0.50									
DIRECTOR	0.00	X					0	0	0	
(6) SANDY PAQUETTE	0.50									
DIRECTOR	0.00	X					0	0	0	
(7) EILEEN PAUS	0.50									
DIRECTOR	0.00	X					0	0	0	
(8) REEVA MURPHY	0.50									
DIRECTOR	0.00	X					0	0	0	
(9) CAT GALLAGHER	0.50									
DIRECTOR	0.00	X					0	0	0	
(10) JOHN DUFFY (UNTIL DEC. 2019)	0.50									
DIRECTOR	0.00	X					0	0	0	
(11) NEAL FISHER (UNTIL SEP. 2019)	0.50									
CHAIR	0.00	X					0	0	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	656,456				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	405,814				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		1,062,270				
Program Service Revenue	Business Code							
	2a	PROGRAM SERVICE FEES	624100	1,079,297	1,079,297			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		1,079,297					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		47,763			47,763	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			6a					
	b	Less: rental expenses	6b					
	c	Rental inc. or (loss)	6c					
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	960,385				
			(ii) Other					
			7a					
	b	Less: cost or other basis and sales exps.	7b	1,040,831				
	c	Gain or (loss)	7c	-80,446				
d	Net gain or (loss)		-80,446	-80,446				
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code							
	11a	OTHER INCOME	561000	196	196			
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		196					
12	Total revenue. See instructions		2,109,080	999,047	0	47,763		

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	178,721	178,721		
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	69,898	8,737	57,666	3,495
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	1,094,113	941,048	96,303	56,762
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,710	5,182	171	357
9 Other employee benefits	139,026	114,418	16,103	8,505
10 Payroll taxes	97,573	80,101	12,490	4,982
11 Fees for services (nonemployees):				
a Management				
b Legal	15,000	15,000		
c Accounting	6,700		6,700	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	9,873		9,873	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	70,489	49,200	21,289	
12 Advertising and promotion	6,034	4,222	1,812	
13 Office expenses	23,159	11,943	10,580	636
14 Information technology	9,689	7,538	2,042	109
15 Royalties				
16 Occupancy	30,723	24,563	4,937	1,223
17 Travel	28,619	27,691	809	119
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,777	21,535	858	384
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,218		16,218	
23 Insurance	7,131	4,048	2,825	258
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM MATERIALS	47,649	34,651	8,590	4,408
b EVENTS & ACTIVITIES	35,374	34,339		1,035
c FUNDRAISING EXPENSES	8,540			8,540
d OTHER EXPENSES	4,105	82	3,986	37
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,927,121	1,563,019	273,252	90,850
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	485,394	2 648,978
	3	Pledges and grants receivable, net	13,410	3 22,450
	4	Accounts receivable, net	204,626	4 200,115
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	15,412	9 23,236
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 731,932	
	b	Less: accumulated depreciation	10b 365,191	10c 366,741
	11	Investments—publicly traded securities	1,406,020	11 1,517,644
	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 33)	2,492,339	16 2,779,164	
Liabilities	17	Accounts payable and accrued expenses	111,696	17 103,901
	18	Grants payable		18
	19	Deferred revenue	26,274	19 37,005
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	53,627	21 50,302
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	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	191,597	26 191,208
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	2,247,964	27 2,535,376
	28	Net assets with donor restrictions	52,778	28 52,580
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	Total net assets or fund balances	2,300,742	32 2,587,956
33	Total liabilities and net assets/fund balances	2,492,339	33 2,779,164	

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	2,109,080
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,927,121
3	Revenue less expenses. Subtract line 2 from line 1	3	181,959
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,300,742
5	Net unrealized gains (losses) on investments	5	105,255
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,587,956

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on 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 on 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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

03-0277640

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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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).

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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 95.34%. Row 15: Public support percentage from 2018 Schedule A, Part II, line 14 96.55%.

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. 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—2019. 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—2018. 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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2019. 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—2018. 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

PUBLIC

Schedule A (Form 990 or 990-EZ) 2019

LAMOILLE FAMILY CENTER, INC.

03-0277640

Page 7

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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

2019

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 03-0277640
---	---

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

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 (grassroots 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.			
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		3,000
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			3,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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).

	Yes	No
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."

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SCHEDULE C, PART II-B, LINE 1

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

03-0277640

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, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring expenses.

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 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 make 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 program
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?

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?
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
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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 Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term 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
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii)...

- 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 Land, b Buildings, c Leasehold improvements, d Equipment, e Other, 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), and Total.

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) and Total.

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) and Total.

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, and rows (2) through (9). Total.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 2,109,080.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,927,121.

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

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

SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

03-0277640

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

- 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

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

2019**Open to Public
Inspection**

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

03-0277640

FORM 990 - ORGANIZATION'S MISSION

THE LAMOILLE FAMILY CENTER IS A NONPROFIT ORGANIZATION THAT PROMOTES THE WELL-BEING OF LAMOILLE VALLEY CHILDREN, YOUTH AND FAMILIES AND SUPPORTS THEM IN MEETING LIFE'S CHALLENGES THROUGH EDUCATION, DIRECT SERVICES AND ADVOCACY.

FORM 990, PART III, LINE 3

THE CHILD CARE CENTER WAS CLOSED FROM MID-MARCH TO THE END OF FY2020. THE CHILD CARE FOOD PROGRAM WAS VOLUNTARILY TRANSFERRED FROM LAMOILLE FAMILY CENTER TO ANOTHER ORGANIZATION IN SEPTEMBER OF 2019.

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. THE NON-PROFIT SALARY SURVEY IS USED AS A REFERENCE.

Name of the organization

Employer identification number

LAMOILLE FAMILY CENTER, INC.

03-0277640

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

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

2019

Attachment Sequence No. **179**

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

Name(s) shown on return

Identifying number

LAMOILLE FAMILY CENTER, INC.

03-0277640

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.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,218

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	16,218
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19, ending 06/30/20		

Name

Taxpayer Identification Number

LAMOILLE FAMILY CENTER, INC.

03-0277640

		2018	2019	Differences
R e v e n u e	1. Contributions, gifts, grants	259,348	405,814	146,466
	2. Membership dues and assessments			
	3. Government contributions and grants	552,284	656,456	104,172
	4. Program service revenue	1,144,405	1,079,297	-65,108
	5. Investment income	43,056	47,763	4,707
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	21,160	-80,446	-101,606
	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	142	196	54
	12. Total revenue. Add lines 1 through 11	2,020,395	2,109,080	88,685
E x p e n s e s	13. Grants and similar amounts paid	201,221	178,721	-22,500
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	69,243	69,898	655
	16. Salaries, other compensation, and employee benefits	1,320,319	1,336,422	16,103
	17. Professional fundraising fees			
	18. Other professional fees	82,040	102,062	20,022
	19. Occupancy, rent, utilities, and maintenance	26,494	30,723	4,229
	20. Depreciation and Depletion	21,461	16,218	-5,243
	21. Other expenses	216,478	193,077	-23,401
	22. Total expenses. Add lines 13 through 21	1,937,256	1,927,121	-10,135
	23. Excess or (Deficit). Subtract line 22 from line 12	83,139	181,959	98,820
O t h e r I n f o r m a t i o n	24. Total exempt revenue	2,020,395	2,109,080	88,685
	25. Total unrelated revenue			
	26. Total excludable revenue	1,208,763	1,046,810	-161,953
	27. Total assets	2,492,339	2,779,164	286,825
	28. Total liabilities	191,597	191,208	-389
	29. Retained earnings	2,300,742	2,587,956	287,214
	30. Number of voting members of governing body	9	9	
31. Number of independent voting members of governing body	9	9		
32. Number of employees	57	52		
33. Number of volunteers	75	75		

Form 990	Tax Return History	2019
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Name LAMOILLE FAMILY CENTER, INC.	Employer Identification Number 03-0277640
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	1,062,915	799,152	906,231	811,632	1,062,270	
Membership dues						
Program service revenue	1,237,944	1,198,996	1,202,759	1,144,405	1,079,297	
Capital gain or loss	-11,821	7,928	19,743	21,160	-80,446	
Investment income	27,361	30,512	37,929	43,056	47,763	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		14,878	13,082	142	196	
Total revenue	2,316,399	2,051,466	2,179,744	2,020,395	2,109,080	
Grants and similar amounts paid	213,692	217,570	208,811	201,221	178,721	
Benefits paid to or for members						
Compensation of officers, etc.	66,266	69,234	85,922	69,243	69,898	
Other compensation	1,216,397	1,299,053	1,282,154	1,320,319	1,336,422	
Professional fees	79,008	64,893	103,378	82,040	102,062	
Occupancy costs	41,764	35,623	46,268	26,494	30,723	
Depreciation and depletion	21,808	19,360	19,083	21,461	16,218	
Other expenses	278,843	224,698	225,258	216,478	193,077	
Total expenses	1,917,778	1,930,431	1,970,874	1,937,256	1,927,121	
Excess or (Deficit)	398,621	121,035	208,870	83,139	181,959	
Total exempt revenue	2,316,399	2,051,466	2,179,744	2,020,395	2,109,080	
Total unrelated revenue						
Total excludable revenue	1,253,484	1,252,314	1,273,513	1,208,763	1,046,810	
Total Assets	1,995,655	2,174,894	2,436,345	2,492,339	2,779,164	
Total Liabilities	220,709	195,415	249,147	191,597	191,208	
Net Fund Balances	1,774,946	1,979,479	2,187,198	2,300,742	2,587,956	

03-0277640

Federal Asset Report

FYE: 6/30/2020

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	House	9/15/94	147,088				147,088	25	MO S/L	145,863	1,225
2	Architect	4/10/02	4,794				4,794	25	MO S/L	3,308	192
3	Building Improvements	6/30/95	95,206				95,206	25	MO S/L	91,397	3,809
4	Building Improvements	9/15/95	4,287				4,287	25	MO S/L	4,073	171
5	Building Improvements	2/13/97	210				210	25	MO S/L	187	8
8	Shed	11/07/97	1,839				1,839	25	MO S/L	1,594	73
9	Shed	6/30/98	49				49	25	MO S/L	41	2
10	Insulate/Attic/Fan/Catwalk	7/20/99	830				830	25	MO S/L	656	33
12	Little House Wall-Door FRA	8/20/99	499				499	25	MO S/L	389	20
13	Little House	10/22/99	265				265	25	MO S/L	202	10
14	Closet to Increase Office	10/20/99	675				675	25	MO S/L	513	27
15	Folding Door-Meeting Room	2/11/00	1,850				1,850	25	MO S/L	1,437	74
16	Flood Lights	7/28/01	589				589	25	MO S/L	422	24
17	Building Improvements	8/30/01	191				191	25	MO S/L	137	7
18	Counter Top- Food	9/30/01	475				475	25	MO S/L	337	19
19	Remodel Business Office	8/13/01	655				655	25	MO S/L	469	26
20	Improved glass and door lock-Front Office	4/07/08	971				971	25	MO S/L	437	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	1,100	0
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	146	0
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	685	0
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: 6/30/2020

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
138	Driveway Construction	9/06/94	3,863			3,863	25	MO S/L	3,837	26
139	Pavement	12/11/97	450			450	25	MO S/L	378	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	10,344	1,592
144	Latitude 145000 Series computer	12/01/14	1,150			1,150	5	MO S/L	1,054	96
145	Fence	5/18/15	4,999			4,999	5	MO S/L	4,083	916
146	Roof	12/23/15	12,900			12,900	25	MO S/L	1,806	516
147	Water Heater	6/16/16	2,780			2,780	25	MO S/L	334	111
148	Septic	6/01/16	20,432			20,432	25	MO S/L	2,520	817
149	AC Purchase & Installation	6/16/17	23,523			23,523	25	MO S/L	1,882	941
150	Doors & Windows (North Wall)	6/27/17	5,692			5,692	25	MO S/L	455	228
151	Scanner	10/26/16	3,400			3,400	5	MO S/L	1,813	680
152	Server & Firewall	6/30/17	10,307			10,307	5	MO S/L	4,123	2,061
153	Laptop - Exec Director	4/24/18	1,210			1,210	5	MO S/L	282	242
154	Little House Renovations	6/30/18	45,350			45,350	25	MO S/L	1,814	1,814
155	Flooring - 2nd floor offices, etc.	6/30/19	10,035			10,035	25	MO S/L	0	401
156	Building Improvements	6/30/20	4,495			4,495	10	MO S/L	0	0
157	Parking Lot Improvements	6/30/20	5,785			5,785	10	MO S/L	0	0
158	Basement Improvements	6/30/20	5,203			5,203	10	MO S/L	0	0
	Total Other Depreciation		<u>732,309</u>			<u>732,309</u>			<u>348,851</u>	<u>16,218</u>
	Total ACRS and Other Depreciation		<u>732,309</u>			<u>732,309</u>			<u>348,851</u>	<u>16,218</u>
	Grand Totals		732,309			732,309			348,851	16,218
	Less: Dispositions and Transfers		0			0			0	0
	Less: Start-up/Org Expense		0			0			0	0
	Net Grand Totals		<u>732,309</u>			<u>732,309</u>			<u>348,851</u>	<u>16,218</u>

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Tax Asset Detail 7/01/19 - 6/30/20

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Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
1		House	9/15/94	147,088.35	0.00	0.00	145,862.57	1,225.78	147,088.35	0.00	S/L	25.00
2		Architect	4/10/02	4,794.36	0.00	0.00	3,308.07	191.77	3,499.84	1,294.52	S/L	25.00
3		Building Improvements	6/30/95	95,205.64	0.00	0.00	91,397.45	3,808.19	95,205.64	0.00	S/L	25.00
4		Building Improvements	9/15/95	4,287.30	0.00	0.00	4,072.92	171.49	4,244.41	42.89	S/L	25.00
5		Building Improvements	2/13/97	209.67	0.00	0.00	186.63	8.39	195.02	14.65	S/L	25.00
8		Shed	11/07/97	1,838.91	0.00	0.00	1,593.74	73.56	1,667.30	171.61	S/L	25.00
9		Shed	6/30/98	48.97	0.00	0.00	41.15	1.96	43.11	5.86	S/L	25.00
10		Insulate/Attic/Fan/Catwalk	7/20/99	830.00	0.00	0.00	655.70	33.20	688.90	141.10	S/L	25.00
12		Little House Wall-Door FRA	8/20/99	499.00	0.00	0.00	389.21	19.96	409.17	89.83	S/L	25.00
13		Little House	10/22/99	265.14	0.00	0.00	201.53	10.61	212.14	53.00	S/L	25.00
14		Closet to Increase Office	10/20/99	675.00	0.00	0.00	513.00	27.00	540.00	135.00	S/L	25.00
15		Folding Door-Meeting Room	2/11/00	1,850.00	0.00	0.00	1,436.83	74.00	1,510.83	339.17	S/L	25.00
16		Flood Lights	7/28/01	589.30	0.00	0.00	422.31	23.57	445.88	143.42	S/L	25.00
17		Building Improvements	8/30/01	191.38	0.00	0.00	136.55	7.66	144.21	47.17	S/L	25.00
18		Counter Top- Food	9/30/01	475.00	0.00	0.00	337.24	19.00	356.24	118.76	S/L	25.00
19		Remodel Business Office	8/13/01	654.55	0.00	0.00	469.08	26.18	495.26	159.29	S/L	25.00
20		Improved glass and door lock-Front	4/07/08	971.32	0.00	0.00	437.07	38.85	475.92	495.40	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

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Tax Asset Detail 7/01/19 - 6/30/20

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Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
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	1,099.99	0.00	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	145.83	0.00	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	685.00	0.00	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	3,837.47	25.72	3,863.19	0.00	S/L	25.00
139		Pavement	12/11/97	450.00	0.00	0.00	378.00	18.00	396.00	54.00	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	10,344.42	1,591.45	11,935.87	27,850.32	S/L	25.00
144		Latitude 145000 Series computer	12/01/14	1,150.00	0.00	0.00	1,054.17	95.83	1,150.00	0.00	S/L	5.00
145		Fence	5/18/15	4,999.00	0.00	0.00	4,082.52	916.48	4,999.00	0.00	S/L	5.00
146		Roof	12/23/15	12,900.00	0.00	0.00	1,806.00	516.00	2,322.00	10,578.00	S/L	25.00
147		Water Heater	6/16/16	2,780.00	0.00	0.00	333.60	111.20	444.80	2,335.20	S/L	25.00
148		Septic	6/01/16	20,432.49	0.00	0.00	2,520.01	817.30	3,337.31	17,095.18	S/L	25.00
149		AC Purchase & Installation	6/16/17	23,523.00	0.00	0.00	1,881.84	940.92	2,822.76	20,700.24	S/L	25.00
150		Doors & Windows (North Wall)	6/27/17	5,692.00	0.00	0.00	455.36	227.68	683.04	5,008.96	S/L	25.00
151		Scanner	10/26/16	3,400.00	0.00	0.00	1,813.33	680.00	2,493.33	906.67	S/L	5.00
152		Server & Firewall	6/30/17	10,307.00	0.00	0.00	4,122.80	2,061.40	6,184.20	4,122.80	S/L	5.00
153		Laptop - Exec Director	4/24/18	1,210.00	0.00	0.00	282.33	242.00	524.33	685.67	S/L	5.00
154		Little House Renovations	6/30/18	45,350.00	0.00	0.00	1,814.00	1,814.00	3,628.00	41,722.00	S/L	25.00
155		Flooring - 2nd floor offices, etc.	6/30/19	10,035.09	0.00	0.00	0.00	401.40	401.40	9,633.69	S/L	25.00
156		Building Improvements	6/30/20	4,495.14	0.00c	0.00	0.00	0.00	0.00	4,495.14	S/L	10.00
157		Parking Lot Improvements	6/30/20	5,785.00	0.00c	0.00	0.00	0.00	0.00	5,785.00	S/L	10.00
158		Basement Improvements	6/30/20	5,203.45	0.00c	0.00	0.00	0.00	0.00	5,203.45	S/L	10.00
Grand Total				<u>732,309.21</u>	<u>0.00c</u>	<u>0.00</u>	<u>348,849.18</u>	<u>16,220.55</u>	<u>365,069.73</u>	<u>367,239.48</u>		

Federal Statements**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	\$ 47,763		14			
TOTAL	\$ <u>47,763</u>					

03-0277640

Federal Statements

FYE: 6/30/2020

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	\$ 29,655	\$ 8,366	\$ 21,289	\$
CONTRACTED SRVS - CIS	26,638	26,638		
CONTRACTED SRVS - CHILD CARE	14,196	14,196		
TOTAL	<u>\$ 70,489</u>	<u>\$ 49,200</u>	<u>\$ 21,289</u>	<u>\$ 0</u>