

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

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 ** - *** 7640
	Doing business as		E Telephone number 802-888-5229
	Number and street (or P.O. box if mail is not delivered to street address) 480 CADYS FALLS ROAD	Room/suite	G Gross receipts\$ 2,702,976
	City or town, state or province, country, and ZIP or foreign postal code MORRISVILLE VT 05661		
F Name and address of principal officer: CAROL LANG-GODIN 480 CADYS FALLS ROAD MORRISVILLE VT 05661		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.LAMOILLEFAMILYCENTER.ORG		L Year of formation: 1976 M State of legal domicile: VT	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE WELL-BEING OF LAMOILLE VALLEY CHILDREN, YOUTH AND FAMILIES AND SUPPORT THEM IN MEETING LIFE'S CHALLENGES THROUGH EDUCATION, DIRECT SERVICES AND ADVOCACY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	44
	6	Total number of volunteers (estimate if necessary)	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,062,270 Current Year: 1,128,889
	9	Program service revenue (Part VIII, line 2g)	1,079,297 896,091
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-32,683 15,953
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196 -3
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,109,080 2,040,930
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	178,721 194,312
	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)	1,406,320 1,535,646
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 107,627	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	342,080 329,737
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,927,121 2,059,695
	19	Revenue less expenses. Subtract line 18 from line 12	181,959 -18,765
	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,779,164 End of Year: 2,973,499
	21	Total liabilities (Part X, line 26)	191,208 155,852
22	Net assets or fund balances. Subtract line 21 from line 20	2,587,956 2,817,647	

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 CAROL LANG-GODIN		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 *****
	Firm's name ▶ JMM & ASSOCIATES, PC		Firm's EIN ▶ ** - *** 0081	
	Firm's address ▶ 336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446		Phone no. 802-655-5665	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 904,603 including grants of \$ 180,214) (Revenue \$ 731,841) SEE SCHEDULE O

4b (Code:) (Expenses \$ 305,914 including grants of \$ 14,098) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ 251,595 including grants of \$) (Revenue \$)

YOUTH SERVICES
LAMOILLE INTERAGENCY NETWORK FOR KIDS (LINK) - PROVIDES STRENGTH-BASED SERVICES FOR YOUTH WHO ARE AT RISK OF RUNNING AWAY, AND YOUTH AND YOUNG ADULTS FACING HOMELESSNESS. LINK OFFERS CRISIS INTERVENTION, FAMILY CONFLICT RESOLUTION, CASE MANAGEMENT, AND TEMPORARY SHELTER. BASIC CENTER PROGRAM - SERVES YOUTH AND YOUNG ADULTS IN THE LINK PROGRAM WHO REQUIRE TEMPORARY SHELTER. REACH UP JOB COACH - THE JOB COACH HELPS YOUNG PARENTS RECEIVING FINANCIAL ASSISTANCE FROM THE REACH UP PROGRAM TO OVERCOME BARRIERS IN SELF-SUFFICIENCY. THE JOB COACH OFFERS JOB-READINESS, RESUME DEVELOPMENT AND SOFT SKILL DEVELOPMENT.

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

(Expenses \$ 205,644 including grants of \$) (Revenue \$ 164,250)

4e Total program service expenses 1,667,756

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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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 44		
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 5 columns: Question, 1a, 6, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review processes.

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.
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 MORRISVILLE

VT 05661 802-888-5229

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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) FLOYD NEASE EXECUTIVE DIRECTOR	40.00 0.00			X				72,893	0	729
(2) MARILYN MAY CHAIR	0.50 0.00	X		X				0	0	0
(3) SANDY PAQUETTE TREASURER	0.50 0.00	X		X				0	0	0
(4) BRENDA CHRISTIE SECRETARY	0.50 0.00	X		X				0	0	0
(5) ADAM LORY DIRECTOR	0.50 0.00	X						0	0	0
(6) KERRI JOHNSON DIRECTOR	0.50 0.00	X						0	0	0
(7) EILEEN PAUS DIRECTOR	0.50 0.00	X						0	0	0
(8) CAT GALLAGHER (UNTIL NOV 2020) DIRECTOR	0.50 0.00	X						0	0	0
(9) REEVA MURPHY (UNTIL OCT 2020) DIRECTOR	0.50 0.00	X						0	0	0
(10) CAJSA SCHUMACHER (UNTIL SEPT 2020) DIRECTOR	0.50 0.00	X						0	0	0
(11)										

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	772,975			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	355,914			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		1,128,889			
Program Service Revenue	2a PROGRAM SERVICE FEES	Business Code 624100	896,091	896,091		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		896,091			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		36,900		36,900	
	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		641,099		
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b		662,046		
	c Gain or (loss)	7c		-20,947		
	d Net gain or (loss)			-20,947	-20,947	
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	11a OTHER INCOME	Business Code 561000	-3	-3		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		-3			
12 Total revenue. See instructions		2,040,930	875,141	0	36,900	

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	194,312	194,312		
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	72,657	7,629	61,468	3,560
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	1,206,536	1,024,293	106,102	76,141
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,727	6,040	260	427
9 Other employee benefits	153,005	125,674	17,840	9,491
10 Payroll taxes	96,721	77,820	12,871	6,030
11 Fees for services (nonemployees):				
a Management				
b Legal	9,507	9,507		
c Accounting	8,000		8,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	13,014		13,014	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	50,481	32,949	17,532	
12 Advertising and promotion	3,433	1,814	1,619	
13 Office expenses	22,713	11,698	10,708	307
14 Information technology	14,615	12,397	2,094	124
15 Royalties				
16 Occupancy	25,975	20,758	3,897	1,320
17 Travel	19,326	18,920	357	49
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,648	8,445	203	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,639	6,115	4,135	389
23 Insurance	8,116	4,715	3,026	375
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	72,733	53,132	17,251	2,350
b EVENTS & ACTIVITIES	51,175	50,125	400	650
c OTHER EXPENSES	6,570	1,413	3,535	1,622
d FUNDRAISING EXPENSES	4,792			4,792
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,059,695	1,667,756	284,312	107,627
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	648,978	2	502,915
	3 Pledges and grants receivable, net	22,450	3	9,479
	4 Accounts receivable, net	200,115	4	288,942
	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	23,236	9	23,856
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 731,932		
	b Less: accumulated depreciation	10b 375,832		
	11 Investments—publicly traded securities	1,517,644	11	1,792,207
	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)	2,779,164	16	2,973,499	
Liabilities	17 Accounts payable and accrued expenses	103,901	17	105,550
	18 Grants payable		18	
	19 Deferred revenue	37,005	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	50,302	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	191,208	26	155,852
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	2,535,376	27	2,693,883
	28 Net assets with donor restrictions	52,580	28	123,764
	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	2,587,956	32	2,817,647
33 Total liabilities and net assets/fund balances	2,779,164	33	2,973,499	

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	2,040,930
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,059,695
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,587,956
5	Net unrealized gains (losses) on investments	5	248,456
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	2,817,647

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.

2020

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

-*7640

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2020

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 5,534,965
13 First 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14 93.84%
Row 15: Public support percentage from 2019 Schedule A, Part II, line 14 15 95.34%

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2019. 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—2020. 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—2019. 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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 5 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: Amount, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Amount, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 = 18 %

- 19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

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 governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

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 line 2, above, did the organization's supported organizations have a significant voice...

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 lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b 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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ **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 * * - * * * 7 6 4 0
---	--

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like influencing legislation, using volunteers, and making grants.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues being nondeductible, lobbying expenditures, and carryover of lobbying activity.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues from members, nondeductible lobbying expenditures, and taxable amount of lobbying and political expenditures.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

LAMOILLE FAMILY CENTER, INC.

-*7640

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No).

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %, b Permanent endowment %, c 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? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), 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 include (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 include (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. Rows include 1. Federal income taxes, (1) through (9), and 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 2,040,930.

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 2,059,695.

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

-*7640

Part I General Information on Grants and Assistance

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

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

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 3

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

2020**Open to Public
Inspection**

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

-*7640

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 CEASED OPERATION AND LICENSURE AS OF 7/1/2020.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

CHILDREN'S INTEGRATED SERVICES (CIS)

EARLY INTERVENTION - PROVIDES SERVICES TO FAMILIES WITH CHILDREN UP TO AGE THREE WHO HAVE A MEDICAL DIAGNOSIS, A DELAY OR A HIGH PROBABILITY OF A DELAY IN THEIR DEVELOPMENT OR GROWTH. CHILDREN RECEIVE SERVICES SUCH AS SPEECH THERAPY AND PHYSICAL THERAPY, WHILE PARENTS RECEIVE TRAINING, COUNSELING AND SERVICE COORDINATION.

FAMILY SUPPORT - PROVIDES HOME VISITS TO PARENTS AND THEIR YOUNG CHILDREN TO HELP ENSURE A HEALTHY START IN THE EARLY YEARS OF A CHILD'S LIFE.

CONSULTATION AND EDUCATION - ASSISTS CHILDREN, FAMILIES, CHILD CARE, AND OTHER SERVICE PROVIDERS TO PROMOTE AND SUPPORT CHILDREN'S HEALTHY SOCIAL, EMOTIONAL AND BEHAVIORAL DEVELOPMENT.

SPECIALIZED CHILD CARE - PROVIDES CHILD CARE COORDINATION SERVICES FOR FAMILIES WHO ARE EXPERIENCING SIGNIFICANT STRESS, HAVE A CHILD WITH SPECIAL NEEDS OR HAVE EXCEPTIONAL CIRCUMSTANCES.

DULCE - A FAMILY SPECIALIST IS PLACED AT A LOCAL PEDIATRICS OFFICE TO

Name of the organization

Employer identification number

LAMOILLE FAMILY CENTER, INC.

-*7640

PROACTIVELY ADDRESS SOCIAL DETERMINANTS OF HEALTH TO PROMOTE HEALTHY DEVELOPMENT OF INFANTS FROM BIRTH TO SIX MONTHS OF AGE, AND PROVIDE SUPPORT TO THEIR PARENTS.

CIS PROGRAM ADMINISTRATION - PROVIDES ADMINISTRATIVE SUPPORT AND SUPERVISION FOR THE CIS PROGRAM, INCLUDING ADMINISTRATION AND OVERSIGHT OF THE SUBCONTRACTS WITH COMMUNITY PARTNERS LAMOILLE HOME HEALTH AND HOSPICE, CALEDONIA HOME HEALTH AND HOSPICE, AND LAMOILLE COUNTY MENTAL HEALTH SERVICES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

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.

DRUG FREE COMMUNITY - THIS PROJECT'S TWO MAIN GOALS ARE TO BUILD COALITION CAPACITY AND REDUCE YOUTH SUBSTANCE MISUSE. THIS IS DONE THROUGH A VARIETY OF INTERVENTIONS WITH YOUTH, PARENTS, SCHOOLS, BUSINESSES, THE MEDICAL COMMUNITY, AND TOWNS.

TOBACCO PREVENTION - CONSISTS OF A COMMUNITY COLLABORATIVE MEETING REGULARLY TO ADDRESS TOBACCO USE AND SECOND-HAND SMOKE, SHARE CESSATION OPPORTUNITIES AND PREVENT YOUTH INITIATION.

PREVENTION INFRASTRUCTURE ACTIVITIES - ANOTHER PIECE OF HLV'S WORK EXPLORES THE LINKAGES BETWEEN TOXIC STRESS/ADVERSE CHILDHOOD EXPERIENCES (ACES) AND

Name of the organization

Employer identification number

LAMOILLE FAMILY CENTER, INC.

-*7640

SUBSTANCE MISUSE; THEN PARTNERING WITH THE COMMUNITY TO REDUCE ACES THROUGH A MULTI-GENERATIONAL APPROACH TO REDUCE FUTURE SUBSTANCE ABUSE.

COLLEGE PREVENTION INITIATIVE - A SUB-AWARD AGREEMENT BETWEEN THE CENTER FOR HEALTH AND LEARNING AND HLV ON BEHALF OF THE VERMONT DEPARTMENT OF HEALTH'S DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS FOR THE PURPOSES OF PRIMARY AND SECONDARY SUBSTANCE MISUSE PREVENTION STRATEGIES FOR COLLEGE-AGE STUDENTS. THIS INCLUDES WORKING ON POLICY CHANGES, RESTORATIVE JUSTICE OPPORTUNITIES OR OTHER STRATEGIES TO REDUCE SUBSTANCE MISUSE IN THIS POPULATION.

OTHER - OTHER EFFORTS INCLUDE EXPLORING AND IMPLEMENTING SUBSTANCE ABUSE PREVENTION CURRICULUM AT THE ELEMENTARY SCHOOL LEVEL IN LAMOILLE COUNTY.

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

CHILD CARE SUPPORT SERVICES

CHILD CARE CENTER - THE CENTER WAS PROVIDING HIGH-QUALITY CARE FOR UP TO EIGHT CHILDREN FROM SIX WEEKS TO SECOND BIRTHDAY ON SITE AT THE CENTER. THE CENTER CLOSED PERMANENTLY IN JULY 2020. WORK BEGAN IN FISCAL YEAR 2021 TO DESIGN A POTENTIALLY LARGER CHILD CARE CENTER WHILE STILL PROMOTING THE PHYSICAL, SOCIAL, EMOTIONAL, AND COGNITIVE DEVELOPMENT OF YOUNG CHILDREN WHILE RESPONDING TO THE NEEDS OF THE FAMILIES.

CHILD CARE FINANCIAL ASSISTANCE - SPECIALISTS ASSIST INCOME-ELIGIBLE FAMILIES WHO HAVE A SERVICE NEED (EMPLOYMENT, TRAINING, ETC.) THROUGH THE SUBSIDIZED CHILD CARE PROCESS.

CHILD CARE REFERRAL - THE REFERRAL SPECIALIST OFFERS INFORMATION ON QUALITY CHILD CARE AND MAINTAINS A DATABASE OF ALL REGISTERED AND LICENSED CHILD CARE PROGRAMS IN THE LAMOILLE VALLEY.

Name of the organization

Employer identification number

LAMOILLE FAMILY CENTER, INC.

** - ***7640

FAMILY SERVICES

PARENT EDUCATION - OFFERS PARENTING SUPPORT SERVICES INCLUDING PLAYGROUPS, TRAINING SESSIONS, WRITTEN RESOURCES, AND REFERRALS FOR PARENTS AND CAREGIVERS WITH CHILDREN OF ALL AGES.

FAMILY EMERGENCY - PROVIDES FAMILIES IN NEED WITH LIMITED FUNDING AND GOODS SUCH AS DIAPERS, CLOTHING AND CHILDREN'S ITEMS.

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.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS APPROVED BY BOARD; NON-PROFIT SALARY SURVEY USED AS REFERENCE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION LFC WEBSITE OR AS REQUESTED.

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2020

Attachment
Sequence No. **179**

▶ Attach to your tax return.

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

Name(s) shown on return

LAMOILLE FAMILY CENTER, INC.

Identifying number

** - ***7640

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,040,000
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	2,590,000
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 2019 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 2021. 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	11,571

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 2020	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 2020 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 2020 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	11,571
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** (2020)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning 07/01/20, ending 06/30/21		

Name

Taxpayer Identification Number

LAMOILLE FAMILY CENTER, INC.

-*7640

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	405,814	355,914	-49,900
	2. Membership dues and assessments			
	3. Government contributions and grants	656,456	772,975	116,519
	4. Program service revenue	1,079,297	896,091	-183,206
	5. Investment income	47,763	36,900	-10,863
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-80,446	-20,947	59,499
	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	196	-3	-199
	12. Total revenue. Add lines 1 through 11	2,109,080	2,040,930	-68,150
Expenses	13. Grants and similar amounts paid	178,721	194,312	15,591
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	69,898	72,657	2,759
	16. Salaries, other compensation, and employee benefits	1,336,422	1,462,989	126,567
	17. Professional fundraising fees			
	18. Other professional fees	102,062	81,002	-21,060
	19. Occupancy, rent, utilities, and maintenance	30,723	25,975	-4,748
	20. Depreciation and Depletion	16,218	10,639	-5,579
	21. Other expenses	193,077	212,121	19,044
	22. Total expenses. Add lines 13 through 21	1,927,121	2,059,695	132,574
	23. Excess or (Deficit). Subtract line 22 from line 12	181,959	-18,765	-200,724
Other Information	24. Total exempt revenue	2,109,080	2,040,930	-68,150
	25. Total unrelated revenue			
	26. Total excludable revenue	1,046,810	912,041	-134,769
	27. Total assets	2,779,164	2,973,499	194,335
	28. Total liabilities	191,208	155,852	-35,356
	29. Retained earnings	2,587,956	2,817,647	229,691
	30. Number of voting members of governing body	9	6	
31. Number of independent voting members of governing body	9	6		
32. Number of employees	52	44		
33. Number of volunteers	75	10		

Form 990	Tax Return History	2020
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Name LAMOILLE FAMILY CENTER, INC.	Employer Identification Number **-***7640
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	799,152	906,231	811,632	1,062,270	1,128,889	
Membership dues						
Program service revenue	1,198,996	1,202,759	1,144,405	1,079,297	896,091	
Capital gain or loss	7,928	19,743	21,160	-80,446	-20,947	
Investment income	30,512	37,929	43,056	47,763	36,900	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	14,878	13,082	142	196	-3	
Total revenue	2,051,466	2,179,744	2,020,395	2,109,080	2,040,930	
Grants and similar amounts paid	217,570	208,811	201,221	178,721	194,312	
Benefits paid to or for members						
Compensation of officers, etc.	69,234	85,922	69,243	69,898	72,657	
Other compensation	1,299,053	1,282,154	1,320,319	1,336,422	1,462,989	
Professional fees	64,893	103,378	82,040	102,062	81,002	
Occupancy costs	35,623	46,268	26,494	30,723	25,975	
Depreciation and depletion	19,360	19,083	21,461	16,218	10,639	
Other expenses	224,698	225,258	216,478	193,077	212,121	
Total expenses	1,930,431	1,970,874	1,937,256	1,927,121	2,059,695	
Excess or (Deficit)	121,035	208,870	83,139	181,959	-18,765	
Total exempt revenue	2,051,466	2,179,744	2,020,395	2,109,080	2,040,930	
Total unrelated revenue						
Total excludable revenue	1,252,314	1,273,513	1,208,763	1,046,810	912,041	
Total Assets	2,174,894	2,436,345	2,492,339	2,779,164	2,973,499	
Total Liabilities	195,415	249,147	191,597	191,208	155,852	
Net Fund Balances	1,979,479	2,187,198	2,300,742	2,587,956	2,817,647	

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Federal Asset Report

FYE: 6/30/2021

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	House	9/15/94	147,088				147,088	25	MO S/L	147,088	0
2	Architect	4/10/02	4,794				4,794	25	MO S/L	3,500	192
3	Building Improvements	6/30/95	95,206				95,206	25	MO S/L	95,206	0
4	Building Improvements	9/15/95	4,287				4,287	25	MO S/L	4,244	43
5	Building Improvements	2/13/97	210				210	25	MO S/L	195	8
8	Shed	11/07/97	1,839				1,839	25	MO S/L	1,667	74
9	Shed	6/30/98	49				49	25	MO S/L	43	2
10	Insulate/Attic/Fan/Catwalk	7/20/99	830				830	25	MO S/L	689	33
12	Little House Wall-Door FRA	8/20/99	499				499	25	MO S/L	409	20
13	Little House	10/22/99	265				265	25	MO S/L	212	11
14	Closet to Increase Office	10/20/99	675				675	25	MO S/L	540	27
15	Folding Door-Meeting Room	2/11/00	1,850				1,850	25	MO S/L	1,511	74
16	Flood Lights	7/28/01	589				589	25	MO S/L	446	23
17	Building Improvements	8/30/01	191				191	25	MO S/L	144	8
18	Counter Top- Food	9/30/01	475				475	25	MO S/L	356	19
19	Remodel Business Office	8/13/01	655				655	25	MO S/L	495	26
20	Improved glass and door lock-Front Office	4/07/08	971				971	25	MO S/L	476	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: 6/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
138	Driveway Construction	9/06/94	3,863			3,863	25 MO S/L	3,863	0
139	Pavement	12/11/97	450			450	25 MO S/L	396	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	11,936	1,591
144	Latitude 145000 Series computer	12/01/14	1,150			1,150	5 MO S/L	1,150	0
145	Fence	5/18/15	4,999			4,999	5 MO S/L	4,999	0
146	Roof	12/23/15	12,900			12,900	25 MO S/L	2,322	516
147	Water Heater	6/16/16	2,780			2,780	25 MO S/L	445	111
148	Septic	6/01/16	20,432			20,432	25 MO S/L	3,337	818
149	AC Purchase & Installation	6/16/17	23,523			23,523	25 MO S/L	2,823	941
150	Doors & Windows (North Wall)	6/27/17	5,692			5,692	25 MO S/L	683	228
151	Scanner	10/26/16	3,400			3,400	5 MO S/L	2,493	680
152	Server & Firewall	6/30/17	10,307			10,307	5 MO S/L	6,184	2,062
153	Laptop - Exec Director	4/24/18	1,210			1,210	5 MO S/L	524	242
154	Little House Renovations	6/30/18	45,350			45,350	25 MO S/L	3,628	1,814
155	Flooring - 2nd floor offices, etc.	6/30/19	10,035			10,035	25 MO S/L	401	402
156	Building Improvements	6/30/20	4,495			4,495	10 MO S/L	0	450
157	Parking Lot Improvements	6/30/20	5,785			5,785	10 MO S/L	0	579
158	Basement Improvements	6/30/20	5,203			5,203	10 MO S/L	0	520
	Total Other Depreciation		<u>732,309</u>			<u>732,309</u>		<u>365,069</u>	<u>11,571</u>
	Total ACRS and Other Depreciation		<u>732,309</u>			<u>732,309</u>		<u>365,069</u>	<u>11,571</u>
	Grand Totals		732,309			732,309		365,069	11,571
	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>365,069</u>	<u>11,571</u>

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Tax Asset Detail 7/01/20 - 6/30/21

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FYE: 6/30/2021

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	147,088.35	0.00	147,088.35	0.00	S/L	25.00
2		Architect	4/10/02	4,794.36	0.00	0.00	3,499.84	191.77	3,691.61	1,102.75	S/L	25.00
3		Building Improvements	6/30/95	95,205.64	0.00	0.00	95,205.64	0.00	95,205.64	0.00	S/L	25.00
4		Building Improvements	9/15/95	4,287.30	0.00	0.00	4,244.41	42.89	4,287.30	0.00	S/L	25.00
5		Building Improvements	2/13/97	209.67	0.00	0.00	195.02	8.39	203.41	6.26	S/L	25.00
8		Shed	11/07/97	1,838.91	0.00	0.00	1,667.30	73.56	1,740.86	98.05	S/L	25.00
9		Shed	6/30/98	48.97	0.00	0.00	43.11	1.96	45.07	3.90	S/L	25.00
10		Insulate/Attic/Fan/Catwalk	7/20/99	830.00	0.00	0.00	688.90	33.20	722.10	107.90	S/L	25.00
12		Little House Wall-Door FRA	8/20/99	499.00	0.00	0.00	409.17	19.96	429.13	69.87	S/L	25.00
13		Little House	10/22/99	265.14	0.00	0.00	212.14	10.61	222.75	42.39	S/L	25.00
14		Closet to Increase Office	10/20/99	675.00	0.00	0.00	540.00	27.00	567.00	108.00	S/L	25.00
15		Folding Door-Meeting Room	2/11/00	1,850.00	0.00	0.00	1,510.83	74.00	1,584.83	265.17	S/L	25.00
16		Flood Lights	7/28/01	589.30	0.00	0.00	445.88	23.57	469.45	119.85	S/L	25.00
17		Building Improvements	8/30/01	191.38	0.00	0.00	144.21	7.66	151.87	39.51	S/L	25.00
18		Counter Top- Food	9/30/01	475.00	0.00	0.00	356.24	19.00	375.24	99.76	S/L	25.00
19		Remodel Business Office	8/13/01	654.55	0.00	0.00	495.26	26.18	521.44	133.11	S/L	25.00
20		Improved glass and door lock-Front	4/07/08	971.32	0.00	0.00	475.92	38.85	514.77	456.55	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

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	3,863.19	0.00	3,863.19	0.00	S/L	25.00
139		Pavement	12/11/97	450.00	0.00	0.00	396.00	18.00	414.00	36.00	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	11,935.87	1,591.45	13,527.32	26,258.87	S/L	25.00
144		Latitude 145000 Series computer	12/01/14	1,150.00	0.00	0.00	1,150.00	0.00	1,150.00	0.00	S/L	5.00
145		Fence	5/18/15	4,999.00	0.00	0.00	4,999.00	0.00	4,999.00	0.00	S/L	5.00
146		Roof	12/23/15	12,900.00	0.00	0.00	2,322.00	516.00	2,838.00	10,062.00	S/L	25.00
147		Water Heater	6/16/16	2,780.00	0.00	0.00	444.80	111.20	556.00	2,224.00	S/L	25.00
148		Septic	6/01/16	20,432.49	0.00	0.00	3,337.31	817.30	4,154.61	16,277.88	S/L	25.00
149		AC Purchase & Installation	6/16/17	23,523.00	0.00	0.00	2,822.76	940.92	3,763.68	19,759.32	S/L	25.00
150		Doors & Windows (North Wall)	6/27/17	5,692.00	0.00	0.00	683.04	227.68	910.72	4,781.28	S/L	25.00
151		Scanner	10/26/16	3,400.00	0.00	0.00	2,493.33	680.00	3,173.33	226.67	S/L	5.00
152		Server & Firewall	6/30/17	10,307.00	0.00	0.00	6,184.20	2,061.40	8,245.60	2,061.40	S/L	5.00
153		Laptop - Exec Director	4/24/18	1,210.00	0.00	0.00	524.33	242.00	766.33	443.67	S/L	5.00
154		Little House Renovations	6/30/18	45,350.00	0.00	0.00	3,628.00	1,814.00	5,442.00	39,908.00	S/L	25.00
155		Flooring - 2nd floor offices, etc.	6/30/19	10,035.09	0.00	0.00	401.40	401.40	802.80	9,232.29	S/L	25.00
156		Building Improvements	6/30/20	4,495.14	0.00	0.00	0.00	449.51	449.51	4,045.63	S/L	10.00
157		Parking Lot Improvements	6/30/20	5,785.00	0.00	0.00	0.00	578.50	578.50	5,206.50	S/L	10.00
158		Basement Improvements	6/30/20	5,203.45	0.00	0.00	0.00	520.35	520.35	4,683.10	S/L	10.00
Grand Total				<u>732,309.21</u>	<u>0.00c</u>	<u>0.00</u>	<u>365,069.73</u>	<u>11,568.31</u>	<u>376,638.04</u>	<u>355,671.17</u>		

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Federal Statements

FYE: 6/30/2021

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	\$ 36,900		14			
TOTAL	<u>\$ 36,900</u>					

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Federal Statements

FYE: 6/30/2021

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	\$ 29,727	\$ 12,195	\$ 17,532	\$
CONTRACTED SRVS - CIS	5,132	5,132		
CONTRACTED SRVS - YOUTH	14,372	14,372		
CONTRACTED SRVS - CHILD CARE	1,250	1,250		
TOTAL	<u>\$ 50,481</u>	<u>\$ 32,949</u>	<u>\$ 17,532</u>	<u>\$ 0</u>