

PUBLIC COPY

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07/01/22 , **and ending** 06/30/23

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	
	City or town, state or province, country, and ZIP or foreign postal code MORRISVILLE VT 05661		G Gross receipts\$ 4,419,271
	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			
J Website: WWW.LAMOILLEFAMILYCENTER.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1976 M State of legal domicile: VT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE WELL-BEING OF LAMOILLE VALLEY CHILDREN, YOUTH AND FAMILIES AND SUPPORT THEM IN MEETING LIFE'S CHALLENGES THROUGH EDUCATION, DIRECT SERVICES AND ADVOCACY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,566,175	949,051
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,100,066	1,498,746
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,605	77,187
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,747,641	2,524,984
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	249,461	266,001
	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)	1,528,379	1,633,324
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	116,652	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	369,799	435,567
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,147,639	2,334,892
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	600,002	190,092
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,382,242	3,643,081
	22 Net assets or fund balances. Subtract line 21 from line 20	163,135	116,773
		3,219,107	3,526,308

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		Date	
	CAROL LANG-GODIN		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	RANDALL L. SARGENT, CPA			
	Firm's name		Firm's EIN	
	JMM & ASSOCIATES, PC		** - *** 0081	
	Firm's address		Phone no.	
	463 MOUNTAIN VIEW DRIVE, SUITE 403 COLCHESTER, VT 05446		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.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

**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 ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ 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 \$ 998,224 including grants of\$ 261,105) (Revenue \$ 1,115,216)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ 366,039 including grants of\$ 4,896) (Revenue \$ 7,264)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ 266,718 including grants of\$) (Revenue \$ 69,030)**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 \$ 241,463 including grants of\$) (Revenue \$ 307,236)

4e Total program service expenses 1,872,444

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	39
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	3b	
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)?	4a	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?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	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?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
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
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 ☒

Section A. Governing Body and Management

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

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

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

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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 DEAN BURNELL
 MORRISVILLE
 480 CADYS FALLS ROAD
 VT 05661
 802-888-5229

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) CAROL LANG-GODIN EXECUTIVE DIRECTOR	40.00 0.00			X				77,313	0	9,013
(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) KATHLEEN JAMES DIRECTOR	0.50 0.00	X						0	0	0
(6) PIXIE LOOMIS DIRECTOR	0.50 0.00	X						0	0	0
(7) ADAM LORY DIRECTOR	0.50 0.00	X						0	0	0
(8) KERRI JOHNSON DIRECTOR	0.50 0.00	X						0	0	0
(9) EILEEN PAUS DIRECTOR	0.50 0.00	X						0	0	0
(10) REEVA MURPHY DIRECTOR	0.50 0.00	X						0	0	0
(11)										

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck 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	621,844				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	327,207				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,615				
	h Total. Add lines 1a-1f			949,051			
Program Service Revenue			Business Code				
	2a PROGRAM SERVICE FEES		624100	1,498,746	1,498,746		
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,498,746				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			59,430			59,430
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real (ii) Personal				
	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	7a	(i) Securities (ii) Other	1,912,044			
	b Less: cost or other basis and sales exps.	7b		1,894,287			
	c Gain or (loss)	7c		17,757			
	d Net gain or (loss)			17,757	17,757		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			2,524,984	1,516,503	0	59,430	

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	266,001	266,001		
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	90,559	4,528	81,503	4,528
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	1,242,914	1,050,472	112,162	80,280
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,869	6,102	424	343
9 Other employee benefits	191,753	160,505	21,438	9,810
10 Payroll taxes	101,229	80,517	14,227	6,485
11 Fees for services (nonemployees):				
a Management				
b Legal	12,577	12,577		
c Accounting	13,862		13,862	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	14,036		14,036	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	75,756	35,630	40,126	
12 Advertising and promotion	3,459	1,073	2,386	
13 Office expenses	27,977	15,600	11,930	447
14 Information technology	17,193	14,253	2,773	167
15 Royalties				
16 Occupancy	46,653	37,276	7,007	2,370
17 Travel	32,278	31,327	951	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,472	17,382	228	862
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,379	7,552	2,347	480
23 Insurance	11,280	6,888	3,841	551
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 EVENTS & ACTIVITIES	77,876	73,055	443	4,378
b PROGRAM MATERIALS	55,725	44,802	8,255	2,668
c OTHER EXPENSES	15,842	6,904	7,857	1,081
d FUNDRAISING EXPENSES	2,202			2,202
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,334,892	1,872,444	345,796	116,652
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 SheetCheck 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	454,136	2	408,155
	3 Pledges and grants receivable, net	592,406	3	580,764
	4 Accounts receivable, net	78,400	4	112,650
	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	31,693	9	32,380
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 774,761		
	b Less: accumulated depreciation	10b 398,090		
	11 Investments—publicly traded securities	1,854,530	11	2,132,461
	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)	3,382,242	16	3,643,081	
Liabilities	17 Accounts payable and accrued expenses	121,866	17	75,504
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	41,269	21	41,269
	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	163,135	26	116,773
	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		2,753,126	27	3,061,810
28 Net assets with donor restrictions		465,981	28	464,498
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		3,219,107	32	3,526,308
33 Total liabilities and net assets/fund balances	3,382,242	33	3,643,081	

Part XI Reconciliation of Net AssetsCheck 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	2,524,984
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,334,892
3	Revenue less expenses. Subtract line 2 from line 1	3	190,092
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,219,107
5	Net unrealized gains (losses) on investments	5	117,109
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	3,526,308

Part XII Financial Statements and ReportingCheck 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 on 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
b 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	
c 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b 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)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

OMB No. 1545-0047

2022**Open to Public
Inspection****Attach to Form 990 or Form 990-EZ.****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).)
- 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 on 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) 2022

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	811,632	1,062,270	1,128,889	1,566,175	949,051	5,518,017
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	811,632	1,062,270	1,128,889	1,566,175	949,051	5,518,017
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						403,853
6 Public support. Subtract line 5 from line 4						5,114,164

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	811,632	1,062,270	1,128,889	1,566,175	949,051	5,518,017
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43,056	47,763	36,900	43,047	59,430	230,196
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						5,748,213
12 Gross receipts from related activities, etc. (see instructions)					12	5,724,735
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	88.97 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	90.14 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** 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—2021.** 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 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

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

SCHEDULE C
(Form 990)**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2022**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

-*7640

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

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

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

- Enter the amount of any excise tax incurred by the organization under section 4955 \$
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- a 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 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 E-Z.

Schedule C (Form 990) 2022

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		3,000
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			3,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-B, LINE 1

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

Part IV Supplemental Information (continued)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022**Open to Public
Inspection**

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
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.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment %
 b Permanent endowment %
 c 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:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		207,812		207,812
b Buildings		420,083	295,874	124,209
c Leasehold improvements				
d Equipment		96,982	79,457	17,525
e Other		49,884	22,759	27,125
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				376,671

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

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.

1	Total revenue, gains, and other support per audited financial statements	1	2,628,057
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	117,109
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	117,109
3	Subtract line 2e from line 1	3	2,510,948
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,036
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,036
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,524,984

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.

1	Total expenses and losses per audited financial statements	1	2,320,856
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,320,856
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,036
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,036
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,334,892

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information *(continued)*

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

**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

2022**Open to Public
Inspection**

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

-*7640

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CALEDONIA HOME HEALTH & HOSPICE 161 SHERMAN DRIVE ST. JOHNSBURY VT 05819	** - ***9559		12,360				HOME VISITATION SERV
(2)	LAMOILLE COUNTY MENTAL HEALTH 72 HARRELL STREET MORRISVILLE VT 05661	** - ***9658		172,525				MENTAL HEALTH CONSUL
(3)	LAMOILLE HOME HEALTH & HOSPICE 54 FARR AVENUE MORRISVILLE VT 05661	** - ***4616		76,220				HOME VISITATION SERV
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

3

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

Schedule I (Form 990) (2022)

Schedule I (Form 990) (2022) LAMOILLE FAMILY CENTER, INC.

** - ***7640

Page 2

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

Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

MONTHLY REPORTING IS REQUIRED FOR CLIENTS SERVED. MOU'S MUST BE APPROVED

AND SIGNED. COMMUNITY PARTNERS ARE INCLUDED IN THE CIS STEERING COMMITTEE.

**SCHEDULE O
(Form 990)**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 Form 990-EZ.

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

OMB No. 1545-0047

2022**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 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.

PARENTS AS TEACHERS (PAT) - THIS IS A HEALTH RESOURCE AND SERVICE ADMINISTRATION (HRSA) APPROVED HOME VISITING MODEL; PAT IS THE MODEL ADOPTED BY THE VERMONT DEPARTMENT OF HEALTH IN PARTNERSHIP WITH THE DEPARTMENT FOR CHILDREN AND FAMILIES AS THE STRONG FAMILIES VERMONT SUSTAINED FAMILY SUPPORT HOME VISITING PROGRAM. THE PAT HOME VISITING MODEL IS A PROPRIETARY, EVIDENCE-BASED MODEL THAT PROVIDES PARENT EDUCATION, SUPPORT SERVICES AND ACTIVITIES.

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.

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

LAMOILLE FAMILY CENTER, INC.

-*7640

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

OPIOID PREVENTION AND RESPONSE STRATEGIES ENHANCEMENT - PROJECTS INCLUDE SUPPORTING A COMMUNITY OPIOID FORUM, THE DEVELOPMENT OF EDUCATIONAL MATERIALS ON LOCAL REFERRAL OPTIONS AND QUESTIONS TO ASK WHEN RECEIVING A PAIN MEDICATION PRESCRIPTION, AND ANTI-STIGMA MESSAGING.

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 AND PLANNING BRIDGE ACTIVITIES - ANOTHER PIECE OF HLV'S WORK EXPLORES THE LINKAGES BETWEEN TOXIC STRESS/ADVERSE CHILDHOOD EXPERIENCES

Name of the organization

Employer identification number

LAMOILLE FAMILY CENTER, INC.

-*7640

(ACES) AND SUBSTANCE MISUSE; THEN PARTNERING WITH THE COMMUNITY TO REDUCE ACES THROUGH A MULTI-GENERATIONAL APPROACH TO REDUCE FUTURE SUBSTANCE ABUSE. HLV CONNECTS MULTIPLE SECTORS OF THE COMMUNITY - INCLUDING BUSINESSES, PARENTS/GUARDIANS, MEDIA, LAW ENFORCEMENT, SCHOOLS, FAITH ORGANIZATION, HEALTH PROVIDERS, SOCIAL SERVICE AGENCIES AND GOVERNMENT - TO COLLABORATE AND DEVELOP PLANS, POLICIES, AND STRATEGIES TO ACHIEVE REDUCTIONS IN THE RATES OF CONSUMPTION AT THE COMMUNITY LEVEL.

YOUTH VAPING PREVENTION - EFFORTS TO ADDRESS VAPING ARE COORDINATED THROUGH THIS PROGRAMMING; THEY FOCUS ON 1) INDIVIDUAL-LEVEL INTERVENTIONS, 2) SCHOOL-LEVEL INTERVENTIONS, AND/OR 3) COMMUNITY-LEVEL INTERVENTIONS AND USE EVIDENCE-BASED APPROACHES AND RELATED STRATEGIES TO CONTINUE TO BUILD A COORDINATED STATE EFFORT USING EFFECTIVE STRATEGIES, PROGRAMS AND POLICIES TO PREVENT VAPING AMONG YOUTH IN VERMONT.

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 - CONSULTANT WORK CONTINUED IN FISCAL YEAR 2023, EXPLORING OPTIONS FOR 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

Name of the organization

Employer identification number

LAMOILLE FAMILY CENTER, INC.

-*7640

CARE PROGRAMS IN THE LAMOILLE VALLEY.

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.

PASSTHROUGH PROGRAMS

PEOPLE IN PARTNERSHIP FUNDING IS FOCUSED ON IMPROVING THE SOCIAL, PHYSICAL AND ECONOMIC WELL-BEING OF CHILDREN, FAMILIES AND INDIVIDUALS. THE WORK FOCUSES ON LISTENING TO FAMILIES, MOBILIZING RESOURCES AND EFFECTING DATA-BASED CHANGE IN POLICIES AND PRACTICES THAT LEAD TO IMPROVED CONDITIONS OF WELL-BEING.

BUILDING BRIGHT FUTURES IS A NONPROFIT ORGANIZATION WORKING TO IMPROVE THE WELL-BEING OF YOUNG CHILDREN AND FAMILIES IN VERMONT. THEY MONITOR VERMONT'S EARLY CARE, HEALTH, AND EDUCATION SYSTEMS WHILE ADVISING THE GOVERNOR, ADMINISTRATION, AND LEGISLATURE ON POLICY IMPROVEMENTS.

ROCKINGHORSE IS A 10-WEEK PSYCHO-EDUCATIONAL GROUP INTERVENTION FOR PREGNANT AND PARENTING MOTHERS. THE PROGRAM FOLLOWS A DEDICATED CURRICULUM THAT FRAMES SUBSTANCE USE IN FOUR MAJOR DOMAINS: SUBSTANCE USE FOR WOMEN'S HEALTH, SUBSTANCE USE AND RELATIONSHIPS, THE EFFECTS OF SUBSTANCE USE ON THE FAMILY, AND SUBSTANCE USE INFLUENCES FOR LIFE TROUBLES AND LIFE MANAGEMENT.

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

Name of the organization	Employer identification number
LAMOILLE FAMILY CENTER, INC.	** - ***7640

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANNUAL REVIEW BY EXECUTIVE DIRECTOR 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

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

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	1,080,000
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	2,700,000
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 2021 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 2023. 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	10,384

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 2022	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		

Section B—Assets Placed in Service During 2022 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	
				MM	S/L	

Section C—Assets Placed in Service During 2022 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	10,384
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.

DAA

Form **4562** (2022)
THERE ARE NO AMOUNTS FOR PAGE 2

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Federal Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 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	3,883	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	4,287	0
5	Building Improvements	2/13/97	210				210	25	MO S/L	210	0
8	Shed	11/07/97	1,839				1,839	25	MO S/L	1,814	25
9	Shed	6/30/98	49				49	25	MO S/L	47	2
10	Insulate/Attic/Fan/Catwalk	7/20/99	830				830	25	MO S/L	755	34
12	Little House Wall-Door FRA	8/20/99	499				499	25	MO S/L	449	20
13	Little House	10/22/99	265				265	25	MO S/L	233	11
14	Closet to Increase Office	10/20/99	675				675	25	MO S/L	594	27
15	Folding Door-Meeting Room	2/11/00	1,850				1,850	25	MO S/L	1,659	74
16	Flood Lights	7/28/01	589				589	25	MO S/L	493	24
17	Building Improvements	8/30/01	191				191	25	MO S/L	160	7
18	Counter Top- Food	9/30/01	475				475	25	MO S/L	394	19
19	Remodel Business Office	8/13/01	655				655	25	MO S/L	548	26
20	Improved glass and door lock-Front Office	4/07/08	971				971	25	MO S/L	554	38
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: 6/30/2023

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	432	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	15,119	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	3,354	516
147	Water Heater	6/16/16	2,780				2,780	25 MO S/L	667	111
148	Septic	6/01/16	20,432				20,432	25 MO S/L	4,972	817
149	AC Purchase & Installation	6/16/17	23,523				23,523	25 MO S/L	4,705	941
150	Doors & Windows (North Wall)	6/27/17	5,692				5,692	25 MO S/L	1,138	228
151	Scanner	10/26/16	3,400				3,400	5 MO S/L	3,400	0
152	Server & Firewall	6/30/17	10,307				10,307	5 MO S/L	10,307	0
153	Laptop - Exec Director	4/24/18	1,210				1,210	5 MO S/L	1,008	202
154	Little House Renovations	6/30/18	45,350				45,350	25 MO S/L	7,256	1,814
155	Flooring - 2nd floor offices, etc.	6/30/19	10,035				10,035	25 MO S/L	1,204	402
156	Building Improvements	6/30/20	4,495				4,495	10 MO S/L	899	450
157	Parking Lot Improvements	6/30/20	5,785				5,785	10 MO S/L	1,157	579
158	Basement Improvements	6/30/20	5,203				5,203	10 MO S/L	1,041	520
159	ADA Ramp	6/30/22	24,200				24,200	25 MO S/L	0	968
160	Playground Equipment	6/30/23	3,699				3,699	10 MO S/L	0	0
161	Vision & Hearing Screening Equip	3/31/23	14,554				14,554	5 MO S/L	0	728
Total Other Depreciation			<u>774,762</u>				<u>774,762</u>		<u>387,709</u>	<u>10,384</u>
Total ACRS and Other Depreciation			<u>774,762</u>				<u>774,762</u>		<u>387,709</u>	<u>10,384</u>
Grand Totals			774,762				774,762		387,709	10,384
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>774,762</u>				<u>774,762</u>		<u>387,709</u>	<u>10,384</u>

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VT Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VT Prior	VT Current	Federal Current	Difference Fed - VT
Other Depreciation:								
1	House	9/15/94	147,088	147,088	147,088	0	0	0
2	Architect	4/10/02	4,794	4,794	3,883	192	192	0
3	Building Improvements	6/30/95	95,206	95,206	95,206	0	0	0
4	Building Improvements	9/15/95	4,287	4,287	4,287	0	0	0
5	Building Improvements	2/13/97	210	210	210	0	0	0
8	Shed	11/07/97	1,839	1,839	1,814	25	25	0
9	Shed	6/30/98	49	49	47	2	2	0
10	Insulate/Attic/Fan/Catwalk	7/20/99	830	830	755	34	34	0
12	Little House Wall-Door FRA	8/20/99	499	499	449	20	20	0
13	Little House	10/22/99	265	265	233	11	11	0
14	Closet to Increase Office	10/20/99	675	675	594	27	27	0
15	Folding Door-Meeting Room	2/11/00	1,850	1,850	1,659	74	74	0
16	Flood Lights	7/28/01	589	589	493	23	24	1
17	Building Improvements	8/30/01	191	191	160	7	7	0
18	Counter Top- Food	9/30/01	475	475	394	19	19	0
19	Remodel Business Office	8/13/01	655	655	548	26	26	0
20	Improved glass and door lock-Front Office	4/07/08	971	971	554	38	38	0
26	2 Dr File Cabinet	5/13/94	114	114	114	0	0	0
29	3 4 Dr File Cabinets	6/29/94	492	492	492	0	0	0
30	12 2 Dr File Cabinets	6/29/94	1,439	1,439	1,439	0	0	0
31	2 Drwr File Cabinet- Jean	6/21/95	111	111	111	0	0	0
34	3 File Cabinets-CCR	10/10/96	342	342	342	0	0	0
35	Desk Tops	10/23/96	1,802	1,802	1,802	0	0	0
36	4 F Cabinets- Ann,Peg,Rita,Cybe	12/04/96	456	456	456	0	0	0
39	4 Drawer Cabinet W/Lock-Food	6/30/97	149	149	149	0	0	0
41	Chair-Food	7/31/97	157	157	157	0	0	0
42	2 Drwr File Cabinet- Debb	10/01/97	105	105	105	0	0	0
43	2 Drwr File Cabinet- CCR	10/01/97	105	105	105	0	0	0
44	Outside Fence	10/09/97	219	219	219	0	0	0
45	Counter Top-Food	12/01/97	235	235	235	0	0	0
46	2 Drwr File Cabinet-Jean	12/04/97	105	105	105	0	0	0
50	3 Paddle Chair-SUPV VX	7/10/98	261	261	261	0	0	0
51	2 Dwr File W/Lock- Subsidy	9/04/98	105	105	105	0	0	0
52	2 Drwr File W/Lock- HB	7/24/98	105	105	105	0	0	0
53	Chair-CCR Specialist	1/23/99	105	105	105	0	0	0
54	2 Dr File Cabinet- Referral	2/08/99	113	113	113	0	0	0
55	Playground Equipment	6/29/99	4,352	4,352	4,352	0	0	0
56	Swing/Play Area	9/15/99	340	340	340	0	0	0
57	16 Meeting Chairs	10/13/99	1,990	1,990	1,990	0	0	0
60	Office Chair-CCR	5/01/01	105	105	105	0	0	0
67	LCD Projector- GRTW	6/29/02	2,524	2,524	2,524	0	0	0
75	12 Snow Shoes	1/02/03	745	745	745	0	0	0
76	Vercom Telephone System	9/01/03	16,988	16,988	16,988	0	0	0
84	LT Equipment	3/06/06	304	304	304	0	0	0
98	B&H Electric-Security Equip	1/27/09	1,008	1,008	1,008	0	0	0
104	4 Dell Lat #5510-FIT	6/30/10	4,632	4,632	4,632	0	0	0
107	4 Dell Laptops (Learning Together)	9/27/10	2,585	2,585	2,585	0	0	0
108	2 Nextlink 3025 Computers	4/30/11	1,758	1,758	1,758	0	0	0
112	3 Computers	7/31/11	2,385	2,385	2,385	0	0	0
113	3 Computers Insurance Replacements	8/09/11	2,110	2,110	2,110	0	0	0
114	3 Computers Installed	9/22/11	2,940	2,940	2,940	0	0	0
116	Lorraine Computer	9/30/11	720	720	720	0	0	0
117	Christine Computer	9/30/11	720	720	720	0	0	0
118	Marilyn Computer	9/30/11	720	720	720	0	0	0
121	Hard Drive	10/31/11	110	110	110	0	0	0
125	Stove for LT	12/23/11	1,100	1,100	1,100	0	0	0
126	B to 3 Computer	12/28/11	499	499	499	0	0	0
127	Install Stove	12/31/11	146	146	146	0	0	0
128	Becky Laptop	1/23/12	1,017	1,017	1,017	0	0	0
129	Speaker Phone	2/16/12	685	685	685	0	0	0
130	Donna Computer Installed	3/20/12	925	925	925	0	0	0
131	Jill computer Installed	3/20/12	870	870	870	0	0	0
132	Heather Computer	3/23/12	895	895	895	0	0	0
133	Angela Computer	4/23/12	579	579	579	0	0	0
134	Computer & Power Adapter	4/30/12	830	830	830	0	0	0
135	Computer	6/01/12	782	782	782	0	0	0
136	Computer	6/30/12	780	780	780	0	0	0
137	Land	7/01/95	34,263	34,263	0	0	0	0

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VT Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VT Prior	VT Current	Federal Current	Difference Fed - VT
138	Driveway Construction	9/06/94	3,863	3,863	3,863	0	0	0
139	Pavement	12/11/97	450	450	432	18	18	0
140	Land Purchase Expenses	6/30/11	9,392	9,392	0	0	0	0
141	Purchase of Land W/Settlement Costs	6/14/12	155,960	155,960	0	0	0	0
142	Land Purchase Expenses	6/30/12	8,197	8,197	0	0	0	0
143	New water system	1/01/13	39,786	39,786	15,119	1,591	1,591	0
144	Latitude 145000 Series computer	12/01/14	1,150	1,150	1,150	0	0	0
145	Fence	5/18/15	4,999	4,999	4,999	0	0	0
146	Roof	12/23/15	12,900	12,900	3,354	516	516	0
147	Water Heater	6/16/16	2,780	2,780	667	111	111	0
148	Septic	6/01/16	20,432	20,432	4,972	817	817	0
149	AC Purchase & Installation	6/16/17	23,523	23,523	4,705	941	941	0
150	Doors & Windows (North Wall)	6/27/17	5,692	5,692	1,138	228	228	0
151	Scanner	10/26/16	3,400	3,400	3,400	0	0	0
152	Server & Firewall	6/30/17	10,307	10,307	10,307	0	0	0
153	Laptop - Exec Director	4/24/18	1,210	1,210	1,008	202	202	0
154	Little House Renovations	6/30/18	45,350	45,350	7,256	1,814	1,814	0
155	Flooring - 2nd floor offices, etc.	6/30/19	10,035	10,035	1,204	402	402	0
156	Building Improvements	6/30/20	4,495	4,495	899	450	450	0
157	Parking Lot Improvements	6/30/20	5,785	5,785	1,157	579	579	0
158	Basement Improvements	6/30/20	5,203	5,203	1,041	520	520	0
159	ADA Ramp	6/30/22	24,200	24,200	0	968	968	0
160	Playground Equipment	6/30/23	3,699	3,699	0	0	0	0
161	Vision & Hearing Screening Equip	3/31/23	14,554	14,554	0	728	728	0
Total Other Depreciation			<u>774,762</u>	<u>774,762</u>	<u>387,709</u>	<u>10,383</u>	<u>10,384</u>	<u>1</u>
Total ACRS and Other Depreciation			<u>774,762</u>	<u>774,762</u>	<u>387,709</u>	<u>10,383</u>	<u>10,384</u>	<u>1</u>
Grand Totals			774,762	774,762	387,709	10,383	10,384	1
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net Grand Totals			<u>774,762</u>	<u>774,762</u>	<u>387,709</u>	<u>10,383</u>	<u>10,384</u>	<u>1</u>

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AMT Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
1	House	9/15/94	147,088				147,088	40	HY S/L	102,196	3,677
2	Architect	4/10/02	4,794				4,794	25	HY S/L	3,875	192
3	Building Improvements	6/30/95	95,206				95,206	25	HY S/L	95,206	0
5	Building Improvements	2/13/97	210				210	40	HY S/L	133	5
8	Shed	11/07/97	1,839				1,839	40	HY S/L	1,132	46
9	Shed	6/30/98	49				49	40	HY S/L	29	2
10	Insulate/Attic/Fan/Catwalk	7/20/99	830				830	25	HY S/L	762	33
12	Little House Wall-Door FRA	8/20/99	499				499	25	HY S/L	457	20
13	Little House	10/22/99	265				265	25	HY S/L	241	11
15	Folding Door-Meeting Room	2/11/00	1,850				1,850	25	HY S/L	1,656	74
16	Flood Lights	7/28/01	589				589	25	HY S/L	494	24
18	Counter Top- Food	9/30/01	475				475	25	HY S/L	395	19
19	Remodel Business Office	8/13/01	655				655	25	HY S/L	547	26
20	Improved glass and door lock-Front Office	4/07/08	971				971	25	HY S/L	552	39
26	2 Dr File Cabinet	5/13/94	114				114	5	HY 150DB	114	0
29	3 4 Dr File Cabinets	6/29/94	492				492	10	HY 150DB	492	0
30	12 2 Dr File Cabinets	6/29/94	1,439				1,439	5	HY 150DB	1,439	0
31	2 Drwr File Cabinet- Jean	6/21/95	111				111	5	HY 150DB	111	0
34	3 File Cabinets-CCRR	10/10/96	342				342	7	HY 150DB	0	0
35	Desk Tops	10/23/96	1,802				1,802	7	HY 150DB	1,802	0
36	4 F Cabinets- Ann,Peg,Rita,Cybe	12/04/96	456				456	7	HY 150DB	456	0
39	4 Drawer Cabinet W/Lock-Food	6/30/97	149				149	7	HY 150DB	149	0
41	Chair-Food	7/31/97	157				157	5	HY 150DB	157	0
42	2 Drwr File Cabinet- Debb	10/01/97	105				105	7	HY 150DB	105	0
43	2 Drwr File Cabinet- CCRR	10/01/97	105				105	7	HY 150DB	105	0
44	Outside Fence	10/09/97	219				219	5	HY 150DB	219	0
45	Counter Top-Food	12/01/97	235				235	7	HY 150DB	235	0
46	2 Drwr File Cabinet-Jean	12/04/97	105				105	7	HY 150DB	105	0
50	3 Paddle Chair-SUPV VX	7/10/98	261				261	5	HY 150DB	261	0
51	2 Dwr File W/Lock- Subsidy	9/04/98	105				105	5	HY 150DB	105	0
52	2 Drwr File W/Lock- HB	7/24/98	105				105	5	HY 150DB	105	0
53	Chair-CCRR Specialist	1/23/99	105				105	5	HY 150DB	105	0
54	2 Dr File Cabinet- Referral	2/08/99	113				113	5	HY 150DB	113	0
55	Playground Equipment	6/29/99	4,352				4,352	10	HY 150DB	4,352	0
56	Swing/Play Area	9/15/99	340				340	5	HY 150DB	340	0
57	16 Meeting Chairs	10/13/99	1,990				1,990	5	HY 150DB	1,990	0
60	Office Chair-CCRR	5/01/01	105				105	5	HY 150DB	105	0
67	LCD Projector- GRTW	6/29/02	2,524			X	1,767	5	HY 200DB	2,524	0
75	12 Snow Shoes	1/02/03	745			X	521	5	HY 200DB	745	0
76	Vercom Telephone System	9/01/03	16,988			X	8,494	7	HY 200DB	16,988	0
84	LT Equipment	3/06/06	304				304	5	HY 150DB	304	0
98	B&H Electric-Security Equip	1/27/09	1,008			X	504	5	HY 200DB	1,008	0
143	New water system	1/01/13	39,786				39,786	25	HY S/L	7,526	796
146	Roof	12/23/15	12,900				12,900	25	HY S/L	3,376	516
147	Water Heater	6/16/16	2,780				2,780	25	HY S/L	672	111
148	Septic	6/01/16	20,432				20,432	25	HY S/L	4,938	817
149	AC Purchase & Installation	6/16/17	23,523				23,523	25	HY S/L	4,744	941
151	Scanner	10/26/16	3,400			X	1,700	5	MQ200DB	3,400	0
152	Server & Firewall	6/30/17	10,307			X	5,153	5	MQ200DB	10,307	0
			<u>403,324</u>				<u>386,491</u>				<u>7,349</u>

Other Depreciation:

4	Building Improvements	9/15/95	0				0	0	HY	0	0
14	Closet to Increase Office	10/20/99	0				0	0	HY	0	0
17	Building Improvements	8/30/01	0				0	0	HY	0	0
104	4 Dell Lat #5510-FIT	6/30/10	0				0	0	HY	0	0
107	4 Dell Laptops (Learning Together)	9/27/10	0				0	0	HY	0	0
108	2 Nextlink 3025 Computers	4/30/11	0				0	0	HY	0	0
112	3 Computers	7/31/11	0				0	0	HY	0	0
113	3 Computers Insurance Replacements	8/09/11	0				0	0	HY	0	0
114	3 Computers Installed	9/22/11	0				0	0	HY	0	0
116	Lorraine Computer	9/30/11	0				0	0	HY	0	0
117	Christine Computer	9/30/11	0				0	0	HY	0	0
118	Marilyn Computer	9/30/11	0				0	0	HY	0	0
121	Hard Drive	10/31/11	0				0	0	HY	0	0
125	Stove for LT	12/23/11	0				0	0	HY	0	0
126	B to 3 Computer	12/28/11	0				0	0	HY	0	0

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AMT Asset Report

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
127	Install Stove	12/31/11	0				0	0	HY	0	0
128	Becky Laptop	1/23/12	0				0	0	HY	0	0
129	Speaker Phone	2/16/12	0				0	0	HY	0	0
130	Donna Computer Installed	3/20/12	0				0	0	HY	0	0
131	Jill computer Installed	3/20/12	0				0	0	HY	0	0
132	Heather Computer	3/23/12	0				0	0	HY	0	0
133	Angela Computer	4/23/12	0				0	0	HY	0	0
134	Computer & Power Adapter	4/30/12	0				0	0	HY	0	0
135	Computer	6/01/12	0				0	0	HY	0	0
136	Computer	6/30/12	0				0	0	HY	0	0
137	Land	7/01/95	0				0	0	HY	0	0
138	Driveway Construction	9/06/94	0				0	0	HY	0	0
139	Pavement	12/11/97	0				0	0	HY	0	0
140	Land Purchase Expenses	6/30/11	0				0	0	HY	0	0
141	Purchase of Land W/Settlement Costs	6/14/12	0				0	0	HY	0	0
142	Land Purchase Expenses	6/30/12	0				0	0	HY	0	0
144	Latitude 145000 Series computer	12/01/14	0				0	0	HY	0	0
145	Fence	5/18/15	0				0	0	HY	0	0
150	Doors & Windows (North Wall)	6/27/17	5,692				5,692	25	MO S/L	1,138	228
153	Laptop - Exec Director	4/24/18	0				0	0	HY	0	0
154	Little House Renovations	6/30/18	0				0	0	HY	0	0
155	Flooring - 2nd floor offices, etc.	6/30/19	10,035				10,035	25	MO S/L	1,204	402
156	Building Improvements	6/30/20	0				0	0	HY	0	0
157	Parking Lot Improvements	6/30/20	0				0	0	HY	0	0
158	Basement Improvements	6/30/20	0				0	0	HY	0	0
159	ADA Ramp	6/30/22	0				0	0	HY	0	0
160	Playground Equipment	6/30/23	0				0	0	HY	0	0
161	Vision & Hearing Screening Equip	3/31/23	0				0	0	HY	0	0
Total Other Depreciation			<u>15,727</u>				<u>15,727</u>			<u>2,342</u>	<u>630</u>
Total ACRS and Other Depreciation			<u>15,727</u>				<u>15,727</u>			<u>2,342</u>	<u>630</u>
Grand Totals			419,051				402,218			279,514	7,979
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>419,051</u>				<u>402,218</u>			<u>279,514</u>	<u>7,979</u>

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

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Future Depreciation Report**FYE: 6/30/24**

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	House	9/15/94	147,088	0	3,677
2	Architect	4/10/02	4,794	192	192
3	Building Improvements	6/30/95	95,206	0	0
4	Building Improvements	9/15/95	4,287	0	0
5	Building Improvements	2/13/97	210	0	5
8	Shed	11/07/97	1,839	0	46
9	Shed	6/30/98	49	0	1
10	Insulate/Attic/Fan/Catwalk	7/20/99	830	33	34
12	Little House Wall-Door FRA	8/20/99	499	20	20
13	Little House	10/22/99	265	11	10
14	Closet to Increase Office	10/20/99	675	27	0
15	Folding Door-Meeting Room	2/11/00	1,850	74	74
16	Flood Lights	7/28/01	589	23	23
17	Building Improvements	8/30/01	191	8	0
18	Counter Top- Food	9/30/01	475	19	19
19	Remodel Business Office	8/13/01	655	26	26
20	Improved glass and door lock-Front Office	4/07/08	971	39	39
26	2 Dr File Cabinet	5/13/94	114	0	0
29	3 4 Dr File Cabinets	6/29/94	492	0	0
30	12 2 Dr File Cabinets	6/29/94	1,439	0	0
31	2 Drwr File Cabinet- Jean	6/21/95	111	0	0
34	3 File Cabinets-CCRR	10/10/96	342	0	0
35	Desk Tops	10/23/96	1,802	0	0
36	4 F Cabinets- Ann,Peg,Rita,Cybe	12/04/96	456	0	0
39	4 Drawer Cabinet W/Lock-Food	6/30/97	149	0	0
41	Chair-Food	7/31/97	157	0	0
42	2 Drwr File Cabinet- Debb	10/01/97	105	0	0
43	2 Drwr File Cabinet- CCRR	10/01/97	105	0	0
44	Outside Fence	10/09/97	219	0	0
45	Counter Top-Food	12/01/97	235	0	0
46	2 Drwr File Cabinet-Jean	12/04/97	105	0	0
50	3 Paddle Chair-SUPV VX	7/10/98	261	0	0
51	2 Dwr File W/Lock- Subsidy	9/04/98	105	0	0
52	2 Drwr File W/Lock- HB	7/24/98	105	0	0
53	Chair-CCRR Specialist	1/23/99	105	0	0
54	2 Dr File Cabinet- Referral	2/08/99	113	0	0
55	Playground Equipment	6/29/99	4,352	0	0
56	Swing/Play Area	9/15/99	340	0	0
57	16 Meeting Chairs	10/13/99	1,990	0	0
60	Office Chair-CCRR	5/01/01	105	0	0
67	LCD Projector- GRTW	6/29/02	2,524	0	0
75	12 Snow Shoes	1/02/03	745	0	0
76	Vercom Telephone System	9/01/03	16,988	0	0
84	LT Equipment	3/06/06	304	0	0
98	B&H Electric-Security Equip	1/27/09	1,008	0	0
104	4 Dell Lat #5510-FIT	6/30/10	4,632	0	0
107	4 Dell Laptops (Learning Together)	9/27/10	2,585	0	0
108	2 Nextlink 3025 Computers	4/30/11	1,758	0	0
112	3 Computers	7/31/11	2,385	0	0
113	3 Computers Insurance Replacements	8/09/11	2,110	0	0
114	3 Computers Installed	9/22/11	2,940	0	0
116	Lorraine Computer	9/30/11	720	0	0
117	Christine Computer	9/30/11	720	0	0
118	Marilyn Computer	9/30/11	720	0	0
121	Hard Drive	10/31/11	110	0	0
125	Stove for LT	12/23/11	1,100	0	0
126	B to 3 Computer	12/28/11	499	0	0
127	Install Stove	12/31/11	146	0	0
128	Becky Laptop	1/23/12	1,017	0	0
129	Speaker Phone	2/16/12	685	0	0
130	Donna Computer Installed	3/20/12	925	0	0
131	Jill computer Installed	3/20/12	870	0	0
132	Heather Computer	3/23/12	895	0	0
133	Angela Computer	4/23/12	579	0	0
134	Computer & Power Adapter	4/30/12	830	0	0
135	Computer	6/01/12	782	0	0
136	Computer	6/30/12	780	0	0

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Future Depreciation Report**FYE: 6/30/24**

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
137	Land	7/01/95	34,263	0	0
138	Driveway Construction	9/06/94	3,863	0	0
139	Pavement	12/11/97	450	0	0
140	Land Purchase Expenses	6/30/11	9,392	0	0
141	Purchase of Land W/Settlement Costs	6/14/12	155,960	0	0
142	Land Purchase Expenses	6/30/12	8,197	0	0
143	New water system	1/01/13	39,786	1,592	796
144	Latitude 145000 Series computer	12/01/14	1,150	0	0
145	Fence	5/18/15	4,999	0	0
146	Roof	12/23/15	12,900	516	516
147	Water Heater	6/16/16	2,780	112	111
148	Septic	6/01/16	20,432	818	817
149	AC Purchase & Installation	6/16/17	23,523	940	941
150	Doors & Windows (North Wall)	6/27/17	5,692	228	228
151	Scanner	10/26/16	3,400	0	0
152	Server & Firewall	6/30/17	10,307	0	0
153	Laptop - Exec Director	4/24/18	1,210	0	0
154	Little House Renovations	6/30/18	45,350	1,814	0
155	Flooring - 2nd floor offices, etc.	6/30/19	10,035	401	401
156	Building Improvements	6/30/20	4,495	449	0
157	Parking Lot Improvements	6/30/20	5,785	578	0
158	Basement Improvements	6/30/20	5,203	520	0
159	ADA Ramp	6/30/22	24,200	968	0
160	Playground Equipment	6/30/23	3,699	370	0
161	Vision & Hearing Screening Equip	3/31/23	14,554	2,911	0
Total Other Depreciation			<u>774,762</u>	<u>12,689</u>	<u>7,976</u>
Total ACRS and Other Depreciation			<u>774,762</u>	<u>12,689</u>	<u>7,976</u>
Grand Totals			<u>774,762</u>	<u>12,689</u>	<u>7,976</u>

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VT Future Depreciation Report

FYE: 6/30/24

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	VT
Other Depreciation:				
1	House	9/15/94	147,088	0
2	Architect	4/10/02	4,794	192
3	Building Improvements	6/30/95	95,206	0
4	Building Improvements	9/15/95	4,287	0
5	Building Improvements	2/13/97	210	0
8	Shed	11/07/97	1,839	0
9	Shed	6/30/98	49	0
10	Insulate/Attic/Fan/Catwalk	7/20/99	830	33
12	Little House Wall-Door FRA	8/20/99	499	20
13	Little House	10/22/99	265	11
14	Closet to Increase Office	10/20/99	675	27
15	Folding Door-Meeting Room	2/11/00	1,850	74
16	Flood Lights	7/28/01	589	24
17	Building Improvements	8/30/01	191	8
18	Counter Top- Food	9/30/01	475	19
19	Remodel Business Office	8/13/01	655	26
20	Improved glass and door lock-Front Office	4/07/08	971	39
26	2 Dr File Cabinet	5/13/94	114	0
29	3 4 Dr File Cabinets	6/29/94	492	0
30	12 2 Dr File Cabinets	6/29/94	1,439	0
31	2 Drwr File Cabinet- Jean	6/21/95	111	0
34	3 File Cabinets-CCRR	10/10/96	342	0
35	Desk Tops	10/23/96	1,802	0
36	4 F Cabinets- Ann,Peg,Rita,Cybe	12/04/96	456	0
39	4 Drawer Cabinet W/Lock-Food	6/30/97	149	0
41	Chair-Food	7/31/97	157	0
42	2 Drwr File Cabinet- Debb	10/01/97	105	0
43	2 Drwr File Cabinet- CCRR	10/01/97	105	0
44	Outside Fence	10/09/97	219	0
45	Counter Top-Food	12/01/97	235	0
46	2 Drwr File Cabinet-Jean	12/04/97	105	0
50	3 Paddle Chair-SUPV VX	7/10/98	261	0
51	2 Dwr File W/Lock- Subsidy	9/04/98	105	0
52	2 Drwr File W/Lock- HB	7/24/98	105	0
53	Chair-CCRR Specialist	1/23/99	105	0
54	2 Dr File Cabinet- Referral	2/08/99	113	0
55	Playground Equipment	6/29/99	4,352	0
56	Swing/Play Area	9/15/99	340	0
57	16 Meeting Chairs	10/13/99	1,990	0
60	Office Chair-CCRR	5/01/01	105	0
67	LCD Projector- GRTW	6/29/02	2,524	0
75	12 Snow Shoes	1/02/03	745	0
76	Vercom Telephone System	9/01/03	16,988	0
84	LT Equipment	3/06/06	304	0
98	B&H Electric-Security Equip	1/27/09	1,008	0
104	4 Dell Lat #5510-FIT	6/30/10	4,632	0
107	4 Dell Laptops (Learning Together)	9/27/10	2,585	0
108	2 Nextlink 3025 Computers	4/30/11	1,758	0
112	3 Computers	7/31/11	2,385	0
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114	3 Computers Installed	9/22/11	2,940	0
116	Lorraine Computer	9/30/11	720	0
117	Christine Computer	9/30/11	720	0
118	Marilyn Computer	9/30/11	720	0
121	Hard Drive	10/31/11	110	0
125	Stove for LT	12/23/11	1,100	0
126	B to 3 Computer	12/28/11	499	0
127	Install Stove	12/31/11	146	0
128	Becky Laptop	1/23/12	1,017	0
129	Speaker Phone	2/16/12	685	0
130	Donna Computer Installed	3/20/12	925	0
131	Jill computer Installed	3/20/12	870	0
132	Heather Computer	3/23/12	895	0
133	Angela Computer	4/23/12	579	0
134	Computer & Power Adapter	4/30/12	830	0
135	Computer	6/01/12	782	0
136	Computer	6/30/12	780	0

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VT Future Depreciation Report

FYE: 6/30/24

FYE: 6/30/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	VT
137	Land	7/01/95	34,263	0
138	Driveway Construction	9/06/94	3,863	0
139	Pavement	12/11/97	450	0
140	Land Purchase Expenses	6/30/11	9,392	0
141	Purchase of Land W/Settlement Costs	6/14/12	155,960	0
142	Land Purchase Expenses	6/30/12	8,197	0
143	New water system	1/01/13	39,786	1,592
144	Latitude 145000 Series computer	12/01/14	1,150	0
145	Fence	5/18/15	4,999	0
146	Roof	12/23/15	12,900	516
147	Water Heater	6/16/16	2,780	112
148	Septic	6/01/16	20,432	818
149	AC Purchase & Installation	6/16/17	23,523	940
150	Doors & Windows (North Wall)	6/27/17	5,692	228
151	Scanner	10/26/16	3,400	0
152	Server & Firewall	6/30/17	10,307	0
153	Laptop - Exec Director	4/24/18	1,210	0
154	Little House Renovations	6/30/18	45,350	1,814
155	Flooring - 2nd floor offices, etc.	6/30/19	10,035	401
156	Building Improvements	6/30/20	4,495	449
157	Parking Lot Improvements	6/30/20	5,785	578
158	Basement Improvements	6/30/20	5,203	520
159	ADA Ramp	6/30/22	24,200	968
160	Playground Equipment	6/30/23	3,699	370
161	Vision & Hearing Screening Equip	3/31/23	14,554	2,911
Total Other Depreciation			<u>774,762</u>	<u>12,690</u>
Total ACRS and Other Depreciation			<u>774,762</u>	<u>12,690</u>
Grand Totals			<u>774,762</u>	<u>12,690</u>

Form 990		Two Year Comparison Report		2021 & 2022	
Name		For calendar year 2022, or tax year beginning 07/01/22, ending 06/30/23		Taxpayer Identification Number	
LAMOILLE FAMILY CENTER, INC.				**-***7640	
			2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1.	595,499	327,207	-268,292
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	970,676	621,844	-348,832
	4. Program service revenue	4.	1,100,066	1,498,746	398,680
	5. Investment income	5.	43,047	59,430	16,383
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	32,558	17,757	-14,801
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	5,795		-5,795
	12. Total revenue. Add lines 1 through 11	12.	2,747,641	2,524,984	-222,657
Expenses	13. Grants and similar amounts paid	13.	249,461	266,001	16,540
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	130,281	90,559	-39,722
	16. Salaries, other compensation, and employee benefits	16.	1,398,098	1,542,765	144,667
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	120,292	116,231	-4,061
	19. Occupancy, rent, utilities, and maintenance	19.	28,658	46,653	17,995
	20. Depreciation and Depletion	20.	9,224	10,379	1,155
	21. Other expenses	21.	211,625	262,304	50,679
	22. Total expenses. Add lines 13 through 21	22.	2,147,639	2,334,892	187,253
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	600,002	190,092	-409,910
Other Information	24. Total exempt revenue	24.	2,747,641	2,524,984	-222,657
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	1,181,466	1,575,933	394,467
	27. Total assets	27.	3,382,242	3,643,081	260,839
	28. Total liabilities	28.	163,135	116,773	-46,362
	29. Retained earnings	29.	3,219,107	3,526,308	307,201
	30. Number of voting members of governing body	30.	8	9	
31. Number of independent voting members of governing body	31.	8	9		
32. Number of employees	32.	36	39		
33. Number of volunteers	33.	10	25		

Form 990	Tax Return History	2022
Name LAMOILLE FAMILY CENTER, INC.		Employer Identification Number **-***7640

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	811,632	1,062,270	1,128,889	1,566,175	949,051	
Membership dues						
Program service revenue	1,144,405	1,079,297	896,091	1,100,066	1,498,746	
Capital gain or loss	21,160	-80,446	-20,947	32,558	17,757	
Investment income	43,056	47,763	36,900	43,047	59,430	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	142	196	-3	5,795		
Total revenue	2,020,395	2,109,080	2,040,930	2,747,641	2,524,984	
Grants and similar amounts paid	201,221	178,721	194,312	249,461	266,001	
Benefits paid to or for members						
Compensation of officers, etc.	69,243	69,898	72,657	130,281	90,559	
Other compensation	1,320,319	1,336,422	1,462,989	1,398,098	1,542,765	
Professional fees	82,040	102,062	81,002	120,292	116,231	
Occupancy costs	26,494	30,723	25,975	28,658	46,653	
Depreciation and depletion	21,461	16,218	10,639	9,224	10,379	
Other expenses	216,478	193,077	212,121	211,625	262,304	
Total expenses	1,937,256	1,927,121	2,059,695	2,147,639	2,334,892	
Excess or (Deficit)	83,139	181,959	-18,765	600,002	190,092	
Total exempt revenue	2,020,395	2,109,080	2,040,930	2,747,641	2,524,984	
Total unrelated revenue						
Total excludable revenue	1,208,763	1,046,810	912,041	1,181,466	1,575,933	
Total Assets	2,492,339	2,779,164	2,973,499	3,382,242	3,643,081	
Total Liabilities	191,597	191,208	155,852	163,135	116,773	
Net Fund Balances	2,300,742	2,587,956	2,817,647	3,219,107	3,526,308	

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	\$ 59,430		14			
TOTAL	\$ 59,430					

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Federal Statements

FYE: 6/30/2023

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTED SRVS - OTHER	\$ 49,934	\$ 9,808	\$ 40,126	\$
CONTRACTED SRVS - HLV	25,822	25,822		
TOTAL	\$ 75,756	\$ 35,630	\$ 40,126	\$ 0