

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2024**Open to Public  
Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25****B Check if applicable:**

- Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

<b>C Name of organization</b>	<b>LAMOILLE FAMILY CENTER, INC.</b>		<b>D Employer identification number</b>
Doing business as			<b>***-***7640</b>
Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
<b>480 CADYS FALLS ROAD</b>			<b>802-888-5229</b>
City or town, state or province, country, and ZIP or foreign postal code			<b>G Gross receipts\$</b>
<b>MORRISVILLE</b>		<b>VT 05661</b>	<b>4,031,446</b>
<b>F Name and address of principal officer:</b>  <b>CAROL LANG-GODIN</b> <b>480 CADYS FALLS ROAD</b> <b>MORRISVILLE</b> <b>VT 05661</b>			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "No," attach a list. See instructions

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527**J Website:** [www.lamoillefamilycenter.org](http://www.lamoillefamilycenter.org)**K Form of organization:**  Corporation  Trust  Association  Other**H(c) Group exemption number****L Year of formation:** **1976** **M State of legal domicile:** **VT****Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities:  <b>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.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>37</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
<b>Expenses</b>	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g)	<b>1,098,402</b>	<b>1,687,289</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,565,480</b>	<b>1,100,850</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>35,459</b>	<b>130,021</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,699,341</b>	<b>2,918,160</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>242,202</b>	<b>213,609</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,724,038</b>	<b>1,940,887</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	b Total fundraising expenses (Part IX, column (D), line 25)	<b>140,232</b>	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>539,446</b>	<b>547,628</b>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,505,686</b>	<b>2,702,124</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>193,655</b>	<b>216,036</b>
<b>Net Assets or Fund Balances</b>	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	<b>4,133,845</b>	<b>4,421,008</b>
	21 Total liabilities (Part X, line 26)	<b>139,405</b>	<b>123,118</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>3,994,440</b>	<b>4,297,890</b>

**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**

Type or print name and title

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Randall L. Sargent, CPA</b>				<b>*****</b>
	Firm's name	<b>JMM &amp; ASSOCIATES, PC</b>	Firm's EIN	<b>**-**0081</b>	
	Firm's address	<b>463 Mountain View Dr Ste 403 Colchester, VT 05446</b>	Phone no.	<b>802-655-5665</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

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**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 \$ **1,124,700** including grants of \$ **198,907** ) (Revenue \$ **990,350** )**See Schedule O**4b (Code: ) (Expenses \$ **396,616** including grants of \$ **14,702** ) (Revenue \$ )**See Schedule O**4c (Code: ) (Expenses \$ **237,857** including grants of \$ ) (Revenue \$ )**YOUTH SERVICES****LAMOILLE INTERAGENCY NETWORK FOR KIDS (LINK) - PROVIDES STRENGTH-BASED CASE MANAGEMENT, CRISIS MEDIATION AND CONFLICT RESOLUTION FOR YOUTH AND YOUNG ADULTS AGED 12-24.**

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

(Expenses \$ **424,902** including grants of \$ ) (Revenue \$ **110,500** )4e Total program service expenses **2,184,075**

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* .....
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions .....
- 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* .....
- 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* .....
- 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* .....
- 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* .....
- 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* .....
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* .....
- 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* .....
- 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* .....
- 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* .....
- 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* .....
- 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* .....
- 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* .....
- e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part 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* .....
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* .....
- 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* .....
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* .....
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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* .....
- 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* .....
- 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* .....
- 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* .....
- 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* .....
- 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* .....
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* .....
- 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* .....

	Yes	No
1	X	
2	X	
3		X
4	X	
5		X
6		X
7		X
8		X
9	X	
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f	X	
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		
21	X	

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**Part IV Checklist of Required Schedules (continued)**

- 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 ..... 22
- 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 ..... 23
- 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 ..... 24a
- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ..... 24b
- 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? ..... 24c
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ..... 24d
- 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 ..... 25a
- 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 ..... 25b
- 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 ..... 26
- 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 ..... 27
- 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 ..... 28a
- b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b
- 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 ..... 28c
- 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M ..... 29
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ..... 30
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II ..... 32
- 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 ..... 33
- 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 ..... 34
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ..... 35a
- 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 ..... 35b
- 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 ..... 36
- 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 ..... 37
- 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. ..... 38

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

- 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable ..... 1a   
1b
- b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ..... 1c
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... 1d

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**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	37
2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	X	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	X	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X	
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?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
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.	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	<b>Section 501(c)(21) organizations.</b> 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	

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**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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a	10
	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.		
1b	.....	1b	10
2	.....	2	<input checked="" type="checkbox"/>
3	.....	3	<input checked="" type="checkbox"/>
4	.....	4	<input checked="" type="checkbox"/>
5	.....	5	<input checked="" type="checkbox"/>
6	.....	6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	<input checked="" type="checkbox"/>
a	The governing body? .....	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body? .....	8b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

### 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	<input checked="" type="checkbox"/>
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? .....		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy? .....	13	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy? .....	14	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization .....	15b	<input checked="" type="checkbox"/>
	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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed <b>None</b>
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.
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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**

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 director	Institutional trustee	Officer	Key employee	Highest compensated	Former			
(1) CAROL LANG-GODIN EXECUTIVE DIRECTOR	40.00 0.00			X				84,521	0	12,582
(2) MARILYN MAY CHAIR	0.50 0.00	X		X				0	0	0
(3) SANDY PAQUETTE VICE CHAIR	0.50 0.00	X		X				0	0	0
(4) EILEEN PAUS SECRETARY	0.50 0.00	X		X				0	0	0
(5) CHRISTINE LANGUERAND TREASURER	0.50 0.00	X		X				0	0	0
(6) BRENDA CHRISTIE DIRECTOR	0.50 0.00	X						0	0	0
(7) IRIS CLOUTIER DIRECTOR	0.50 0.00	X						0	0	0
(8) KERRIE JOHNSON DIRECTOR	0.50 0.00	X						0	0	0
(9) PIXIE LOOMIS DIRECTOR	0.50 0.00	X						0	0	0
(10) REEVA MURPHY DIRECTOR	0.50 0.00	X						0	0	0
(11) MICHELE SULLIVAN-DUBOIS DIRECTOR	0.50 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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
		Former officer or director	Individual trustee	Institutional trustee	Officer	Key employee			
(12).....									
(13).....									
(14).....									
(15).....									
(16).....									
(17).....									
(18).....									
(19).....									

1b Subtotal .....	84,521	12,582
c Total from continuation sheets to Part VII, Section A .....		
d Total (add lines 1b and 1c) .....	84,521	12,582

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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	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? If "Yes," complete Schedule J for such individual .....	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? If "Yes," complete Schedule J for such person .....	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 0

Form 990 (2024) **LAMOILLE FAMILY CENTER, INC.**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>					
1a Federated campaigns .....	1a				
1b Membership dues .....	1b				
1c Fundraising events .....	1c				
1d Related organizations .....	1d				
1e Government grants (contributions) .....	1e	1,263,746			
1f All other contributions, gifts, grants, and similar amounts not included above .....	1f	423,543			
1g Noncash contributions included in lines 1a-1f .....	1g	\$ 13,510			
<b>h Total. Add lines 1a-1f</b>		1,687,289			
<b>Program Service Revenue</b>					
2a PROGRAM SERVICE FEES .....	Business Code				
2a PROGRAM SERVICE FEES .....	624100	1,100,850	1,100,850		
2b .....					
2c .....					
2d .....					
2e .....					
2f All other program service revenue .....					
<b>g Total. Add lines 2a-2f</b>		1,100,850			
3 Investment income (including dividends, interest, and other similar amounts) .....		98,791			98,791
4 Income from investment of tax-exempt bond proceeds .....					
5 Royalties .....					
6a Gross rents .....	(i) Real	(ii) Personal			
6a Gross rents .....	6a				
6b Less: rental expenses .....	6b				
6c Rental inc. or (loss) .....	6c				
6d Net rental income or (loss) .....					
7a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory .....	7a	1,144,516			
7b Less: cost or other basis and sales exps. .....	7b	1,113,286			
7c Gain or (loss) .....	7c	31,230			
7d Net gain or (loss) .....		31,230	31,230		
8a Gross income from fundraising events (not including \$ .....	8a				
of contributions reported on line 1c). See Part IV, line 18 .....	8a				
8b Less: direct expenses .....	8b				
8c Net income or (loss) from fundraising events .....					
9a Gross income from gaming activities. See Part IV, line 19 .....	9a				
9b Less: direct expenses .....	9b				
9c Net income or (loss) from gaming activities .....					
10a Gross sales of inventory, less returns and allowances .....	10a				
10b Less: cost of goods sold .....	10b				
10c Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>					
11a .....	Business Code				
11b .....					
11c .....					
11d All other revenue .....					
<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue.</b> See instructions .....		2,918,160	1,132,080	0	98,791

Form 990 (2024) **LAMOILLE FAMILY CENTER, INC.****\*\*-\*\*\*7640**Page **10****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 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 .....	<b>213,609</b>	<b>213,609</b>		
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 .....	<b>106,457</b>	<b>21,291</b>	<b>79,843</b>	<b>5,323</b>
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 .....	<b>1,425,076</b>	<b>1,222,509</b>	<b>107,905</b>	<b>94,662</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	<b>15,609</b>	<b>14,750</b>	<b>127</b>	<b>732</b>
9 Other employee benefits .....	<b>273,636</b>	<b>245,139</b>	<b>15,611</b>	<b>12,886</b>
10 Payroll taxes .....	<b>120,109</b>	<b>97,533</b>	<b>14,565</b>	<b>8,011</b>
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	<b>619</b>	<b>619</b>		
c Accounting .....	<b>13,138</b>		<b>13,138</b>	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	<b>17,882</b>		<b>17,882</b>	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O) .....	<b>114,941</b>	<b>53,408</b>	<b>61,533</b>	
12 Advertising and promotion .....	<b>12,564</b>	<b>11,289</b>	<b>1,275</b>	
13 Office expenses .....	<b>26,844</b>	<b>20,658</b>	<b>5,935</b>	<b>251</b>
14 Information technology .....	<b>23,432</b>	<b>18,622</b>	<b>4,470</b>	<b>340</b>
15 Royalties .....				
16 Occupancy .....	<b>49,645</b>	<b>38,968</b>	<b>8,303</b>	<b>2,374</b>
17 Travel .....	<b>25,220</b>	<b>23,509</b>	<b>1,711</b>	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	<b>20,976</b>	<b>19,174</b>	<b>886</b>	<b>916</b>
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	<b>14,537</b>	<b>9,706</b>	<b>4,320</b>	<b>511</b>
23 Insurance .....	<b>15,985</b>	<b>10,683</b>	<b>4,497</b>	<b>805</b>
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 .....	<b>113,126</b>	<b>108,197</b>	<b>519</b>	<b>4,410</b>
b PROGRAM MATERIALS .....	<b>73,244</b>	<b>41,077</b>	<b>25,852</b>	<b>6,315</b>
c OTHER EXPENSES .....	<b>23,551</b>	<b>13,334</b>	<b>9,445</b>	<b>772</b>
d DEVELOPMENT .....	<b>1,924</b>			<b>1,924</b>
e All other expenses .....				
25 Total functional expenses. Add lines 1 through 24e .....	<b>2,702,124</b>	<b>2,184,075</b>	<b>377,817</b>	<b>140,232</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing .....		1	
	2 Savings and temporary cash investments .....	<b>480,331</b>	2	<b>559,535</b>
	3 Pledges and grants receivable, net .....	<b>662,769</b>	3	<b>697,569</b>
	4 Accounts receivable, net .....	<b>172,600</b>	4	<b>167,100</b>
	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 .....	<b>37,765</b>	9	<b>48,747</b>
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>809,100</b>		
	b Less: accumulated depreciation .....	<b>425,825</b>	10c	<b>383,275</b>
	11 Investments—publicly traded securities .....	<b>2,395,037</b>	11	<b>2,526,287</b>
	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	<b>38,495</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>4,133,845</b>	16	<b>4,421,008</b>	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	<b>105,092</b>	17	<b>94,153</b>
	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 .....	<b>34,313</b>	21	<b>28,965</b>
	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	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>139,405</b>	26	<b>123,118</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions .....	<b>3,540,000</b>	27	<b>3,738,412</b>
	28 Net assets with donor restrictions .....	<b>454,440</b>	28	<b>559,478</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	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 .....	<b>3,994,440</b>	32	<b>4,297,890</b>
	<b>33 Total liabilities and net assets/fund balances</b> .....	<b>4,133,845</b>	33	<b>4,421,008</b>

Form 990 (2024) **LAMOILLE FAMILY CENTER, INC.****\*\*-\*\*\*7640**Page **12****Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) .....	1	2,918,160
2	Total expenses (must equal Part IX, column (A), line 25) .....	2	2,702,124
3	Revenue less expenses. Subtract line 2 from line 1 .....	3	216,036
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	3,994,440
5	Net unrealized gains (losses) on investments .....	5	87,414
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	4,297,890

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	<input checked="" type="checkbox"/>
	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		
b	Were the organization's financial statements audited by an independent accountant? .....	2b	<input checked="" type="checkbox"/>
	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		
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? .....	2c	<input checked="" type="checkbox"/>
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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? .....	3a	<input checked="" type="checkbox"/>
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 .....	3b	

Form **990** (2024)

**SCHEDULE A**  
**(Form 990)**
**Public Charity Status and Public Support**

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2024**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

**LAMOILLE FAMILY CENTER, INC.**

Employer identification number

**\*\*\*-\*\*\*7640****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)  
 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)						
<b>Total</b>						

Schedule A (Form 990) 2024

## LAMOILLE FAMILY CENTER, INC.

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**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,128,889	1,566,175	949,051	1,098,402	1,687,289	6,429,806
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 <b>Total.</b> Add lines 1 through 3 .....	1,128,889	1,566,175	949,051	1,098,402	1,687,289	6,429,806
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4 .....						364,766
						6,065,040

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 .....	1,128,889	1,566,175	949,051	1,098,402	1,687,289	6,429,806
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
	36,900	43,047	59,430	84,564	98,791	322,732
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 <b>Total support.</b> Add lines 7 through 10 .....						6,752,538
12 Gross receipts from related activities, etc. (see instructions) .....					12	6,167,025
13 <b>First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	89.82 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	88.29 %
16a <b>33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test — 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2024.</b> 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 <b>stop here</b> . 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 <b>10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here</b> . 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 <b>Private foundation.</b> 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"/>

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

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**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17 .....	18	%
<b>19a 33 1/3% support tests — 2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support tests — 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		<input type="checkbox"/>

**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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a	
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 <b>Part VI</b> when and how the organization made the determination.	3b	
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
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.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
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 <b>Part VI</b> 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.	4c	
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 <b>Part VI</b> , 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).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
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 <b>Part VI</b> .	6	
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).	7	
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).	8	
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 <b>Part VI</b> .	9a	
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 <b>Part VI</b> .	9b	
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 <b>Part VI</b> .	9c	
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.	10a	
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.)	10b	

**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 <b>Part VI</b> .	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>line 2</b> below.	
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).	
2	Activities Test. <b>Answer lines 2a and 2b below.</b>	
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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its 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 <b>Part VI</b> 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. <b>Answer lines 3a and 3b below.</b>	
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 <b>Part VI</b> .	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 <b>Part VI</b> the role played by the organization in this regard.	3b

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**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.

<b>Section A – Adjusted Net Income</b>		(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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B – Minimum Asset Amount</b>		(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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> 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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C – Distributable Amount</b>			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 <b>Distributable Amount</b> . 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).			

Schedule A (Form 990) 2024

## 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— <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019 .....			
b From 2020 .....			
c From 2021 .....			
d From 2022 .....			
e From 2023 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 .....			
b Excess from 2021 .....			
c Excess from 2022 .....			
d Excess from 2023 .....			
e Excess from 2024 .....			

## 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)**

 Department of the Treasury  
 Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**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](http://www.irs.gov/Form990) for instructions and the latest information.**2024****Open to Public  
Inspection****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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
<b>LAMOILLE FAMILY CENTER, INC.</b>	<b>★ * - * * * 7640</b>

**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

4a Was a correction made?

 Yes  No

b If "Yes," describe in Part IV.

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

- 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 EINs 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)					

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals										
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....												
<b>d</b>	Other exempt purpose expenditures .....												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.												
<b>IF the amount on line 1e, column (a) or (b), is:</b> <b>THEN the lobbying nontaxable amount is:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		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.		
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.												
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No										

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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		13,600
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			13,600
2a Did the activities in line 1 cause the organization to not be 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?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**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-B, lines 1 and 2 (see instructions); and Part II-C, line 1. Also, complete this part for any additional information.

**Schedule C, Part II-B, Line 1**

**\$13,600 ANNUAL DUES AS A MEMBER OF VERMONT PARENT CHILD CENTER NETWORK.**

**Part IV** Supplemental Information (continued)

**SCHEDULE D****(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
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.	
a Total number of conservation easements .....	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements .....	2a
c Number of conservation easements on a certified historic structure included on line 2a .....	2b
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....	2d
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 2d 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 .....	\$ .....

Schedule D (Form 990) (Rev. 12-2024) **LAMOILLE FAMILY CENTER, INC.**

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**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).

- |  |  |
|--|--|
| <input type="checkbox"/> a Public exhibition                   | <input type="checkbox"/> d <input type="checkbox"/> Loan or exchange program |
| <input type="checkbox"/> b Scholarly research                  | <input type="checkbox"/> e <input type="checkbox"/> Other .....              |
| <input type="checkbox"/> c Preservation for future generations |  |

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
1c	
1d	
1e	
1f	

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

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

(i) Unrelated organizations? .....

(ii) Related organizations? .....

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

Yes	No
3a(i)	
3a(ii)	
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 .....		441,953	311,670	130,283
c Leasehold improvements .....				
d Equipment .....		109,451	87,056	22,395
e Other .....		49,884	27,099	22,785
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				383,275

Schedule D (Form 990) (Rev. 12-2024) **LAMOILLE FAMILY CENTER, INC.****\*\*\*-\*\*\*7640**

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

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

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

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

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 .....

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**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	2,987,692
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	87,414
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	87,414
3	Subtract line 2e from line 1	3	2,900,278
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	17,882
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	17,882
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,918,160

**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	2,684,242
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	2,684,242
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	17,882
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	17,882
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,702,124

**Part XIII Supplemental Information**

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

**Part X - FIN 48 Footnote**

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

Schedule D (Form 990) (Rev. 12-2024) **LAMOILLE FAMILY CENTER, INC.**

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**Part XIII Supplemental Information (continued)**

## PUBLIC COPY

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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? .....
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

 Yes  No**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)	<b>LAMOILLE COUNTY MENTAL HEALTH 72 HARRELL STREET MORRISVILLE VT 05661</b>	***-***9658		93,332				<b>MENTAL HEALTH CONSUL</b>
(2)	<b>LAMOILLE HOME HEALTH &amp; HOSPICE 54 FARR AVENUE MORRISVILLE VT 05661</b>	***-***4616		101,455				<b>HOME VISITATION SERV</b>
(3)								
(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 .....

**2**

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

DAA

Schedule I (Form 990) (Rev. 12-2024)

PUBLIC COPY

Schedule I (Form 990) (Rev. 12-2024) **LAMOILLE FAMILY CENTER, INC.**

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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.

<b>(a) Type of grant or assistance</b>	<b>(b) Number of recipients</b>	<b>(c) Amount of cash grant</b>	<b>(d) Amount of noncash assistance</b>	<b>(e) Method of valuation (book, FMV, appraisal, other)</b>	<b>(f) Description of noncash assistance</b>
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)**

(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.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****EARLY CHILDHOOD SERVICES**

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. 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 SERVICES - PROVIDES CHILD CARE COORDINATION SERVICES FOR FAMILIES WHO ARE EXPERIENCING SIGNIFICANT STRESS, HAVE A CHILD WITH SPECIAL NEEDS OR HAVE EXCEPTIONAL CIRCUMSTANCES. OFFERS SUPPORT AND TRAINING TO AREA CHILDCARE PROVIDERS TO ENHANCE QUALITY CARE TO CHILDREN AND FAMILIES.

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 FAMILIES.

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:

NORTHERN VT PREVENTION COALITION: HLV CONNECTS MULTIPLE SECTORS OF THE NORTHEASTERN VERMONT 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.

ROESSNER FOUNDATION - THIS FOUNDATION FUNDED EFFORTS TO EXPLORE AND IMPLEMENT SUBSTANCE ABUSE PREVENTION CURRICULUM AT THE ELEMENTARY SCHOOL LEVEL IN LAMOILLE VALLEY.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

Name of the organization

Employer identification number

LAMOILLE FAMILY CENTER, INC.

\*\*-\*\*\*7640

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.

VAPE 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.

**Form 990, Part III, Line 4d - All Other Accomplishments**
**CHILD CARE SUPPORT SERVICES**

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

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

**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**

PARENT CHILD CENTER NETWORK CONFERENCE: THE LAMOILLE FAMILY CENTER SERVED in 2024 AS FISCAL AGENT FOR A PASSTHROUGH GRANT FROM THE A.D. HENDERSON FOUNDATION AND ON BEHALF OF THE VERMONT PARENT CHILD CENTER NETWORK (VPCCN) TO SUPPORT A TWO-DAY INNOVATIONS INSTITUTE WHERE STAFF FROM ALL FIFTEEN PARENT CHILD CENTERS (PCCS) CAN COME TOGETHER IN A STATEWIDE PEER SUPPORT AND EXPERTISE EXCHANGE THAT EXPANDS ON AND ENHANCES THE INNOVATIVE WORK FOR CHILDREN AND FAMILIES OFFERED AT INDIVIDUAL CENTERS.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990  
REVIEWED BY BOARD AND REVIEWED WITH ACCOUNTANT.**
**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
ANNUAL REVIEW BY 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**

**SCHEDULE O****(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAMOILLE FAMILY CENTER, INC.

OMB No. 1545-0047

**Open to Public  
Inspection****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](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number

\*\*-\*\*\*7640

**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](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**Attachment 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	<b>1,220,000</b>
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	<b>3,050,000</b>
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 <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from line 13 of your 2023 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 2025. 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	<b>14,536</b>

**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 2024 .....	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 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		
			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 2024 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	<b>Total.</b> 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	<b>14,536</b>
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** (2024)  
There are no amounts for Page 2

## Two Year Comparison Report

Form 990

2023 &amp; 2024

For calendar year 2024, or tax year beginning 07/01/24, ending 06/30/25

Name

Taxpayer Identification Number

LAMOILLE FAMILY CENTER, INC.

\*\*\*-\*\*\*7640

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants .....	1. 440,547	423,543	-17,004
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3. 657,855	1,263,746	605,891
	4. Program service revenue .....	4. 1,565,480	1,100,850	-464,630
	5. Investment income .....	5. 84,564	98,791	14,227
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7. -49,105	31,230	80,335
	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.		
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12. 2,699,341</b>	<b>2,918,160</b>	<b>218,819</b>
Expenses	13. Grants and similar amounts paid .....	13. 242,202	213,609	-28,593
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15. 94,552	106,457	11,905
	16. Salaries, other compensation, and employee benefits .....	16. 1,629,486	1,834,430	204,944
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. 147,883	146,580	-1,303
	19. Occupancy, rent, utilities, and maintenance .....	19. 35,336	49,645	14,309
	20. Depreciation and Depletion .....	20. 13,198	14,537	1,339
	21. Other expenses .....	21. 343,029	336,866	-6,163
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22. 2,505,686</b>	<b>2,702,124</b>	<b>196,438</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23. 193,655</b>	<b>216,036</b>	<b>22,381</b>
	24. Total exempt revenue .....	24. 2,699,341	2,918,160	218,819
Other Information	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. 1,600,939	1,230,871	-370,068
	27. Total assets .....	27. 4,133,845	4,421,008	287,163
	28. Total liabilities .....	28. 139,405	123,118	-16,287
	29. Retained earnings .....	29. 3,994,440	4,297,890	303,450
	30. Number of voting members of governing body .....	30. 10	10	
	31. Number of independent voting members of governing body .....	31. 10	10	
	32. Number of employees .....	32. 34	37	
	33. Number of volunteers .....	33. 20	30	

Form <b>990</b>	<b>Tax Return History</b>					<b>2024</b>
Name <b>LAMOILLE FAMILY CENTER, INC.</b>						Employer Identification Number <b>**-***7640</b>
	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....	<b>1,128,889</b>	<b>1,566,175</b>	<b>949,051</b>	<b>1,098,402</b>	<b>1,687,289</b>	
Membership dues .....						
Program service revenue .....	<b>896,091</b>	<b>1,100,066</b>	<b>1,498,746</b>	<b>1,565,480</b>	<b>1,100,850</b>	
Capital gain or loss .....	<b>-20,947</b>	<b>32,558</b>	<b>17,757</b>	<b>-49,105</b>	<b>31,230</b>	
Investment income .....	<b>36,900</b>	<b>43,047</b>	<b>59,430</b>	<b>84,564</b>	<b>98,791</b>	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	<b>-3</b>	<b>5,795</b>				
<b>Total revenue</b> .....	<b>2,040,930</b>	<b>2,747,641</b>	<b>2,524,984</b>	<b>2,699,341</b>	<b>2,918,160</b>	
Grants and similar amounts paid .....	<b>194,312</b>	<b>249,461</b>	<b>266,001</b>	<b>242,202</b>	<b>213,609</b>	
Benefits paid to or for members .....						
Compensation of officers, etc. .....	<b>72,657</b>	<b>130,281</b>	<b>90,559</b>	<b>94,552</b>	<b>106,457</b>	
Other compensation .....	<b>1,462,989</b>	<b>1,398,098</b>	<b>1,542,765</b>	<b>1,629,486</b>	<b>1,834,430</b>	
Professional fees .....	<b>81,002</b>	<b>120,292</b>	<b>116,231</b>	<b>147,883</b>	<b>146,580</b>	
Occupancy costs .....	<b>25,975</b>	<b>28,658</b>	<b>46,653</b>	<b>35,336</b>	<b>49,645</b>	
Depreciation and depletion .....	<b>10,639</b>	<b>9,224</b>	<b>10,379</b>	<b>13,198</b>	<b>14,537</b>	
Other expenses .....	<b>212,121</b>	<b>211,625</b>	<b>262,304</b>	<b>343,029</b>	<b>336,866</b>	
<b>Total expenses</b> .....	<b>2,059,695</b>	<b>2,147,639</b>	<b>2,334,892</b>	<b>2,505,686</b>	<b>2,702,124</b>	
<b>Excess or (Deficit)</b> .....	<b>-18,765</b>	<b>600,002</b>	<b>190,092</b>	<b>193,655</b>	<b>216,036</b>	
 Total exempt revenue .....	<b>2,040,930</b>	<b>2,747,641</b>	<b>2,524,984</b>	<b>2,699,341</b>	<b>2,918,160</b>	
Total unrelated revenue .....						
Total excludable revenue .....	<b>912,041</b>	<b>1,181,466</b>	<b>1,575,933</b>	<b>1,600,939</b>	<b>1,230,871</b>	
Total Assets .....	<b>2,973,499</b>	<b>3,382,242</b>	<b>3,643,081</b>	<b>4,133,845</b>	<b>4,421,008</b>	
Total Liabilities .....	<b>155,852</b>	<b>163,135</b>	<b>116,773</b>	<b>139,405</b>	<b>123,118</b>	
Net Fund Balances .....	<b>2,817,647</b>	<b>3,219,107</b>	<b>3,526,308</b>	<b>3,994,440</b>	<b>4,297,890</b>	

**Federal Statements****Taxable Interest on Investments**

Description	Amount	Unrelated	Exclusion	Postal	Acquired after	US
		Business	Code	Code	6/30/75	
INTEREST						
	\$ 98,791			14		
Total	\$ 98,791					

**Schedule A, Part II, Line 8(e)**

Description	Amount
INTEREST	\$ 98,791
Total	\$ <u>98,791</u>

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
PROGRAM SERVICE FEES	\$ 1,100,850
OTHER INCOME	
Total	\$ <u>1,100,850</u>