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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2008****Open to Public Inspection****A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**LAMOILLE FAMILY CENTER, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**480 CADYS FALLS ROAD**

Room/suite

City or town, state or country, and ZIP + 4

**MORRISVILLE****VT 05661-9137****D** Employer identification number**03-0277640****E** Telephone number**802-888-5229****G** Gross receipts \$ **1,568,055****F** Name and address of principal officer**DAVID W. CONNOR****480 CADYS FALLS ROAD****MORRISVILLE****VT 05661-9137****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c) ( **3** ) (insert no ) 4947(a)(1) or 527**J** Website: **WWW.LAMOILLEFAMILYCENTER.ORG****H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1976****M** State of legal domicile **VT****Part I Summary****1** Briefly describe the organization's mission or most significant activities

**THE LAMOILLE FAMILY CENTER IS FOUNDED ON WORKING TOWARD THE PREVENTION OF CHILD ABUSE THROUGH PARENT EDUCATION AND SUPPORT. THROUGH A VARIETY OF PROGRAMS, FAMILIES ARE HELPED (SCHED O)**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets**3** Number of voting members of the governing body (Part VI, line 1a)**3****4** Number of independent voting members of the governing body (Part VI, line 1b)**9****5** Total number of employees (Part V, line 2a)**61****6** Total number of volunteers (estimate if necessary)**59****7a** Total gross unrelated business revenue from Part VIII, line 12, column (C)**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

**1,617,234****1,546,691****9** Program service revenue (Part VIII, line 2g)**2,381****7,630****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**9,172****7,712****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**2,535****6,022****12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)**1,631,322****1,568,055****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries and other compensation, employee benefits (Part IX, column (A), lines 5-10)**1,062,244****1,077,278****16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**559,714****476,142****18** Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)**1,621,958****1,553,420****19** Revenue less expenses—Subtract line 18 from line 12**9,364****14,635****20** Total assets (Part X, line 16)

Beginning of Year

End of Year

**979,052****967,542****21** Total liabilities (Part X, line 26)**524,294****498,149****22** Net assets or fund balances—Subtract line 21 from line 20**454,758****469,393****Part II Signature Block****Sign Here**

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.

*David Connor*

Signature of officer

Date

**DAVID CONNOR****EXECUTIVE DIRECTOR**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

*David H. Angolan*

Date

**2/08/10**Check if self-employed ☐

Preparer's identifying number (see instructions)

**P00124210**

Firm's name (or yours if self-employed), address, and ZIP + 4

**ANGOLANO & COMPANY CPA PC****PO BOX 639****SHELBURNE, VT 05482-0639**

EIN ▶

**03-0322470**

Phone no ▶

**802-985-8992**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

SCANNED MAR 12 2010



13

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

**THE LAMOILLE FAMILY CENTER IS FOUNDED ON WORKING TOWARD THE PREVENTION OF CHILD ABUSE THROUGH PARENT EDUCATION AND SUPPORT. THROUGH A VARIETY OF PROGRAMS, FAMILIES ARE HELPED (SCHED 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **243,235** including grants of \$ ) (Revenue \$ )  
**LEARNING TOGETHER - OFFERS EDUCATIONAL SERVICES SO PREGNANT AND PARENTING TEENS CAN EARN A HIGH SCHOOL DIPLOMA OR GED, OFFERS ON-SITE CHILDCARE AND PARENTING CLASSES, AND OFFERS A LENDING LIBRARY, COMPUTER, SCANNER, AND INTERNET ACCESS.**

4b (Code ) (Expenses \$ **264,302** including grants of \$ ) (Revenue \$ )  
**FAMILY, INFANT & TODDLER - IDENTIFIES CHILDREN LESS THAN THREE YEARS OF AGE WHO MIGHT HAVE DEVELOPEMENT DELAYS OR MEDICAL DIAGNOSES AND PROVIDES SUPPORT.**

4c (Code ) (Expenses \$ **217,668** including grants of \$ ) (Revenue \$ )  
**CHILDCARE RESOURCE & REFERRAL - PROVIDES TRAINING SERVICES TO REGULATED CHILDCARE PROVIDERS AND RECRUITS NEW CHILDCARE PROVIDERS.**

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

(Expenses \$ **822,291** including grants of \$ ) (Revenue \$ )4e Total program service expenses ▶ \$ **1,547,496** (Must equal Part IX, Line 25, column (B))

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		<b>X</b>
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		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where 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		<b>X</b>
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		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9 Did the organization report an amount in Part X, line 21, 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		<b>X</b>
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the U S ?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		<b>X</b>
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 questions 24b-24d and complete Schedule K. If "No," go to question 25		<b>X</b>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		<b>X</b>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1a</b>	<b>37</b>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1b</b>			
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	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.		
<b>2a</b>	<b>61</b>		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>X</b>
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		<b>X</b>
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body	<b>9</b>	
<b>1b</b>	Enter the number of voting members that are independent	<b>9</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.	<b>X</b>	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		<b>X</b>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13.	<b>X</b>	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Does the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official?	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization?	<b>X</b>	
	Describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed. **NONE**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **PRISCILLA MATTEN**

**480 CADYS FALLS RD.****MORRISVILLE****VT 05661****802-888-5229**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID CONNER EXEC. DIR.	32			X				48,803	0	4,206
PRISCILLA MATTEN COMPTROLLER	40				X			48,160	0	4,206
RHODA BEDELL BOARD MEMBER	1							0	0	0
RONNA ZIEGEL BOARD MEMBER	1							0	0	0
DANIEL REGAN BOARD MEMBER	1							0	0	0
ROY GILBERT BOARD MEMBER	1							0	0	0
JEFFERY HUNSBERGER CHAIR	1							0	0	0
SANDY PAQUETTE BOARD MEMBER	1							0	0	0
JOHN DUFFY TREASURER	1							0	0	0
ROY GILBERT BOARD MEMBER	1							0	0	0
NANCY RECORDS (NONI) BOARD MEMBER	1							0	0	0
KEITH THOMPSON VICE CHAIR	1							0	0	0





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,483,889			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	62,802			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> Total. Add lines 1a-1f		1,546,691			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE FEES	Busn. Code	7,630			7,630
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		7,630			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		7,712		
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross Rents		(i) Real (ii) Personal				
<b>b</b> Less rental exps						
<b>c</b> Rental inc or (loss)						
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
<b>b</b> Less cost or other basis & sales exps						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>	6,022			
<b>b</b> Less direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events			6,022			6,022
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>				
<b>b</b> Less direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>a</b>				
<b>b</b> Less cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d						
<b>12</b> Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,568,055	0	0	21,364

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,375	93,653	11,722	
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	832,249	739,869	92,380	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	73,878	65,601	8,277	
10 Payroll taxes	65,776	58,541	7,235	
11 Fees for services (non-employees)				
a Management	1,376		1,376	
b Legal				
c Accounting	4,600		4,600	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	12,844	12,844		
12 Advertising and promotion	2,610	1,502	1,108	
13 Office expenses	20,852	16,033	4,819	
14 Information technology				
15 Royalties				
16 Occupancy	32,401	27,803	4,598	
17 Travel	36,861	36,607	254	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	648		648	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,179	6,930	2,249	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CONTRACTS	228,590	228,590		
b PROGRAM EXPENSES	45,130	44,914	216	
c FOOD DISTRIBUTION	19,926	19,926		
d DEPRECIATION EXPENSE	17,891	8,911	8,980	
e MISCELLANEOUS	12,847	6,087	6,760	
f All other expenses	30,387	179,685	-149,298	
25 Total functional expenses. Add lines 1 through 24f	1,553,420	1,547,496	5,924	
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	363,057	1	403,262
	2 Savings and temporary cash investments	161,205	2	159,522
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	236,196	4	181,235
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,000	7	5,230
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,611	9	49,101
	10a Land, buildings, and equipment: cost basis	10a 379,317		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 213,613	10c	165,704
	11 Investments—publicly traded securities	4,093	11	3,488
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	979,052	16	967,542	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	111,754	17	90,747
	18 Grants payable		18	
	19 Deferred revenue	361,138	19	372,967
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	51,402	23	34,435
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	524,294	26	498,149
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	296,269	27	308,123
	28 Temporarily restricted net assets	158,489	28	161,270
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	454,758	33	469,393
	34 <b>Total liabilities and net assets/fund balances</b>	979,052	34	967,542

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,366,938	1,326,726	1,557,668	1,617,234	1,546,691	7,415,257
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1-3	1,366,938	1,326,726	1,557,668	1,617,234	1,546,691	7,415,257
<b>5</b> 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)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						7,415,257

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	1,366,938	1,326,726	1,557,668	1,617,234	1,546,691	7,415,257
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,967	4,208	5,794	9,172	7,712	28,853
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,167	78,929	719	6,228	6,022	98,065
<b>11</b> <b>Total support.</b> Add lines 7 through 10						7,542,175
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	13,425
<b>13</b> <b>First five 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**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.3172 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	99.6651 %
<b>16a</b> <b>33 1/3 % support test—2008.</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</b> <b>33 1/3 % support test—2007.</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"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2008.</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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2007.</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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b> <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"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1-5						
<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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> 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 in 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 IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">▶ <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶ ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**PART II, LINE 10 - OTHER INCOME DETAIL**

SPECIAL EVENTS	\$	95,977
OTHER MISC.	\$	353
SALE OF INVENTORY	\$	1,735



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**LAMOILLE FAMILY CENTER, INC.**

Employer identification number

**03-0277640**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_ \_ \_ \_ \_

4 Number of states where property subject to conservation easement is located ► \_ \_ \_ \_ \_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_ \_ \_ \_ \_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$ _ _ _ _ _
b Assets included in Form 990, Part X	► \$ _ _ _ _ _

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

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" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		38,576		38,576
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		340,741	213,613	127,128
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				165,704

Schedule D (Form 990) 2008



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,568,055
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,553,420
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,635
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,635

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,585,065
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	17,010
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	17,010
3	Subtract line 2e from line 1	3	1,568,055
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	1,568,055

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,570,430
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	17,010
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	17,010
3	Subtract line 2e from line 1	3	1,553,420
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,553,420

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**LAMOILLE FAMILY CENTER, INC.**

Employer identification number

**03-0277640**

**FORM 990 - ORGANIZATION'S MISSION**

TO AN AWARENESS OF THE POSSIBILITIES FOR HEALTHIER  
RELATIONSHIPS AND POSITIVE FAMILY LIVES. THROUGH PROVEN  
PROGRAMS COMPLEMENTED BY CREATIVE AND INNOVATIVE PROJECTS,  
WORKSHOPS, A TEEN/PARENT EDUCATION PROGRAM W/ CHILD CARE,  
SUPPORT GROUPS, PLAY GROUPS, A PRESCHOOL PROGRAM, A GETTING  
READY TO WORK PROGRAM, HOME VISITS, & CHILDCAREE RESOURCES;  
THE CENTER'S SERVICES OFFER ASSISTANCE IN THE PREVENTION OF  
SERIOUS PROBLEMS IN FAMILIES. THE CENTER'S BELIEF IS THAT  
BEING A PARENT IS DIFFICULT, THAT PARENTS NEED EDUCATION,  
AND DESERVE INFORMATION ABOUT CHILD CARE AND DEVELOPEMENT;  
AND THAT PARENTS CAN BOTH LEARN FROM AND SUPPORT EACH OTHER  
AS THEY GROW ALONGSIDE THEIR CHILDREN.

**FORM 990, PART I, LINE 6**

ABOUT 9 PEOPLE ASSISTED IN MAINTENANCE & TUTORING, WHILE APPROX. 50 SERVED  
IN VARIOUS OUTSIDE EVENTS AND COMMUNITY PROJECTS.

**FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS**

LINK - HELPS MEND THE BONDS BETWEEN PARENTS AND TEENAGERS  
WHO ARE HAVING TROUBLE GETTING ALONG.

ALL OTHER PROGRAMS IN RELATION TO THE ORGANIZATION'S

PRIMARY EXEMPT PURPOSE: HOME TOWN PLAYGROUP,

EARLY ED INITIATIVE, PARENT EDUCATION, CHILDCARE

CONSULTANT, HEALTHY CHILDCARE VERMONT, FOOD PROGRAM,

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

03-0277640

MAKE IT WORK, HEADSTART, REACH UP CASE MANAGEMENT,  
FAMILY RESOURCE PROJECT, SUPERVISED VISITATION, HEALTHY  
BABIES, PUBLIC AWARENESS, PEOPLE IN PARTNERSHIP, EVENSTART  
PROGRAM, BUILDING BRIGHT FUTURES, ROCKINGHORSE, CHILDREN'S  
INT. SERVICE & GIRLS MOVING MOUNTAINS.

FORM 990, PART V, LINE 3B - FORM 990-T NOT FILED EXPLANATION  
NO TAXABLE INCOME.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990  
FORM 990 REVIEWED BY THE EXECUTIVE DIRECTOR & ACCOUNTING MANAGER BEFORE  
FILING. AFTER FILING IT IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
IN COMPANY PERSONNEL POLICIES AND CORPORATE BY-LAWS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
EXECUTIVE DIRECTOR COMPENSATION SUBJECT TO THE REVIEW AND APPROVAL OF THE  
BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
ACCOUNTING MANAGER COMPENSATION SUBJECT TO THE REVIEW AND APPROVAL OF THE  
EXECUTIVE DIRECTOR & THE BOARD.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION  
NO TAXABLE INCOME.

Name of the organization

LAMOILLE FAMILY CENTER, INC.

Employer identification number

03-0277640

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

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE PUBLIC.

For calendar year 2008, or tax year beginning **7/01/08**, and ending **6/30/09**

Name

Employer Identification Number

**LAMOILLE FAMILY CENTER, INC.****03-0277640****FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION**

Name of borrower	Relationship to disqualified person
(1) <b>EMPLOYEE ADVANCES</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	<b>2,000</b>	<b>5,230</b>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	<b>2,000</b>	<b>5,230</b>	



For calendar year 2008, or tax year beginning **7/01/08**, and ending **6/30/09**

Name

Employer Identification Number

**LAMOILLE FAMILY CENTER, INC.****03-0277640****FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>UNION BANK</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>131,850</b>	<b>6/30/01</b>	<b>6/02/11</b>	<b>369.26 WEEKLY PAYMENTS</b>	<b>8.000</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>LAND &amp; BUILDING</b>	<b>MORTGAGE</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>51,402</b>	<b>34,435</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	<b>51,402</b>	<b>34,435</b>

03-0277640

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

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
INVESTMENT INCOME	\$ 7,712		14	VT
TOTAL	<u>\$ 7,712</u>			

## Federal Statements

## Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUCCESS BY SIX	\$ 10,980	\$ 10,980		\$
STARTING POINTS	8,035	8,035		
OUTING EVENTS	4,991	4,991		
INDIRECT SPEC. EVENTS EXP	3,924	3,924		
BAD DEBT	1,987	1,978	9	
ACCOMODATIONS/MEALS	345	320	25	
REPAIR & MAINTENANCE	126	126		
THE VARIOUS PROGRAMS)	-1	149,331	-149,332	
TOTAL	\$ 30,387	\$ 179,685	\$ -149,298	\$ 0

THE LAMOILLE FAMILY CENTER  
DEPRECIATION SCHEDULE  
FY09

07/23/2009

DATE	CATEGORY	DESCRIPTION	LIFE	COST	ACC. DEP. PRIOR YEARS	DEPRECIATION PRESENT YEAR	ACC. DEP. PRESENT YEAR	REMAINING LIFE
02/08/1999	FURN/FIX	2 DR FILE CABINET-REFERRAL	5	112.72	112.72	0.00	112.72	0.00
06/29/1999	FURN/FIX	PLAYGROUND EQUIPMENT	10	4,351.59	3,916.44	435.15	4,351.59	0.00
09/15/1999	FURN/FIX	SWING/PLAY AREA	5	339.73	339.73	0.00	339.73	0.00
10/13/1999	FURN/FIX	16 MEETING CHAIRS	5	1,990.08	1,990.08	0.00	1,990.08	0.00
02/11/2000	FURN/FIX	LAPLINK Software	5	157.20	157.20	0.00	157.20	0.00
06/01/2000	FURN/FIX	BOARDMAKER-WIN - FIT	5	419.00	419.00	0.00	419.00	0.00
05/01/2001	FURN/FIX	Office Chair - CCRR	5	104.98	104.98	0.00	104.98	0.00
06/12/2001	FURN/FIX	Computer - Food Program	5	416.00	416.00	0.00	416.00	0.00
06/01/2001	FURN/FIX	Computer - FIT	5	400.00	400.00	0.00	400.00	0.00
07/26/2001	FURN/FIX	VACCUM	5	383.37	383.37	0.00	383.37	0.00
12/01/2001	FURN/FIX	WATER TANK	5	522.32	522.32	0.00	522.32	0.00
09/25/2001	FURN/FIX	COMPUTER -GRTW	5	538.28	538.28	0.00	538.28	0.00
06/29/2002	FURN/FIX	COMPUTER- GRTW>IHPE (Kathy)	5	2,117.71	2,117.71	0.00	2,117.71	0.00
08/29/2002	FURN/FIX	LCD PROJECTOR - GRTW	5	2,524.00	2,524.00	0.00	2,524.00	0.00
09/28/2001	FURN/FIX	TOWER- SUBSIDY	5	750.00	750.00	0.00	750.00	0.00
09/28/2001	FURN/FIX	TOSHIBA 8200 NOTEBOOK PC-ANN>L	5	2,850.00	2,850.00	0.00	2,850.00	0.00
06/30/2002	FURN/FIX	2 DELL LAPTOP COMPUTERS "32"	5	3,699.30	3,699.30	0.00	3,699.30	0.00
03/17/2003	FURN/FIX	DISHWASHER	5	619.98	619.98	0.00	619.98	0.00
10/31/2002	FURN/FIX	SUBSIDY LAPTOP	5	1,724.10	1,724.10	0.00	1,724.10	0.00
06/01/2003	FURN/FIX	COMPUTER UPGRADE-FOOD	5	409.95	409.95	0.00	409.95	0.00
08/01/2002	FURN/FIX	DELL LAPTOP-FIT	5	1,723.00	1,723.00	0.00	1,723.00	0.00
01/02/2003	FURN/FIX	12 SNOW SHOES	5	745.00	745.00	0.00	745.00	0.00
09/01/2003	FURN/FIX	Vercom Telephone System	7	16,988.00	11,729.82	2,426.86	14,156.88	2,831.32
10/28/2003	FURN/FIX	Computer - FIT	5	615.92	574.84	41.08	615.92	0.00
09/28/2004	FURN/FIX	Computer - B-3	5	1,026.59	615.98	205.32	821.28	205.31
11/01/2004	FURN/FIX	ELECTRIC STOVE	5	548.98	292.80	109.80	402.60	146.38
05/04/2005	FURN/FIX	Computer - Debbie (Bus. Office)	5	519.00	69.20	103.80	173.00	346.00
11/24/2005	FURN/FIX	Quickbooks Software	5	699.00	244.65	139.80	384.45	314.55
03/01/2006	FURN/FIX	LT Refrigerator	5	609.98	203.34	122.00	325.34	284.64
02/28/2006	FURN/FIX	Admin Computer (WS1-Priscilla)	5	1,189.96	416.63	237.99	654.62	535.34
03/06/2006	FURN/FIX	LT Equipment	5	303.50	101.18	60.70	161.88	141.62
04/21/2006	FURN/FIX	LINK Laptop (Imelda's)	5	1,517.95	404.79	303.59	708.38	809.57
05/31/2006	FURN/FIX	SUPV VX COMPUTER	5	1,164.20	271.64	232.84	504.48	659.72
05/31/2006	FURN/FIX	Admin Computer (WS2-Lorin)	5	1,164.20	271.64	232.84	504.48	659.72
06/30/2006	FURN/FIX	LINK Gateway Laptop (DeAnne's)	5	1,319.97	263.99	263.99	527.98	791.99
06/30/2006	FURN/FIX	CCRR Gateway Laptop (Jill's)	5	1,319.97	527.98	263.99	791.97	528.00
06/30/2006	FURN/FIX	FIT Gateway Laptop (Leah's)	5	1,319.97	527.98	263.99	791.97	528.00
06/30/2006	FURN/FIX	CCRR Gateway PC (Lorraine's)	5	989.97	395.98	197.99	593.97	396.00
10/01/2006	FURN/FIX	H.B. Laptop - Heather's	5	771.00	270.05	154.20	424.25	346.75
02/27/2007	FURN/FIX	Upstairs colored HP laser printer	5	895.52	238.80	179.10	417.90	477.62
02/27/2007	FURN/FIX	3 Laptops for Making It Work clients	3	1,044.00	464.00	348.00	812.00	232.00
02/28/2007	FURN/FIX	1 desktop computer-Stuart	5	1,107.69	295.39	221.54	516.93	590.76
02/28/2007	FURN/FIX	1 desktop computer-Lorin	5	1,107.69	295.39	221.54	516.93	590.76
06/13/2007	FURN/FIX	1 Laptop - LINK-	5	734.98	159.25	147.00	306.25	428.73
01/28/2008	FURN/FIX	Samsun Laser printer	5	730.00	60.63	146.00	206.63	523.37
09/10/2008	FURN/FIX	Dell Computer-Debbie	5	709.00	0.00	118.17	118.17	590.83
01/27/2009	FURN/FIX	B&H Electric-Security equip	5	1,008.13	0.00	84.01	84.01	924.12
02/09/2009	FURN/FIX	Wii and accessories	5	609.92	0.00	50.83	50.83	559.09
01/22/2009	FURN/FIX	Wide Screen TV	5	1,379.97	0.00	115.00	115.00	1,264.97
		TOTAL FURN/FIX		79,265.51	56,131.23	7,177.28	63,392.52	13,883.10
LAND:								
07/01/1995	LAND	LAND	0	34,262.71	0.00	0.00	0.00	34,262.71
		TOTAL LAND		34,262.71	0.00	0.00	0.00	34,262.71
LAND IMPROVEMENTS:								
9/06/1994	LAND IMP	DRIVEWAY CONSTRUCTION	25	3,863.19	2,137.64	154.53	2,292.17	1,571.02
12/11/1997	LAND IMP	PAVEMENT	25	450.00	180.00	18.00	198.00	252.00
		TOTAL LAND IMPROVE		4,313.19	2,317.64	172.53	2,490.17	1,823.02

THE LAMOILLE FAMILY CENTER  
DEPRECIATION SCHEDULE  
FY09

07/23/2009

DATE	CATEGORY	DESCRIPTION	LIFE	COST	ACC. DEP. PRIOR YEARS	DEPRECIATION PRESENT YEAR	ACC. DEP. PRESENT YEAR	REMAINING LIFE
<b>BUILDING:</b>								
06/01/1994	BLDG	HOUSE(PUT IN USE 9/15/94)	25	147,088.35	81,143.72	5,883.53	87,027.26	60,061.09
04/10/2002	BLDG	ARCHITECT	25	4,794.36	1,198.58	191.77	1,390.36	3,404.00
		TOTAL BLDG		151,882.71	82,342.31	6,075.31	88,417.61	63,465.10
<b>BUILDING IMPROVEMENTS:</b>								
06/30/1995	BLDG IMP	BUILDING IMPROVEMENTS	25	95,205.64	49,506.93	3,808.23	53,315.16	41,890.48
09/15/1995	BLDG IMP	BUILDING IMPROVEMENTS	25	4,287.30	2,186.52	171.49	2,358.01	1,929.29
02/13/1997	BLDG IMP	BUILDING IMPROVEMENTS	25	209.67	94.35	8.39	102.74	106.93
07/31/1997	BLDG IMP	LIVING ROOM CEILING FAN	25	173.98	75.98	6.96	82.93	91.05
07/31/1997	BLDG IMP	SECURITY SYSTEM	25	633.89	276.80	25.36	302.16	331.73
11/07/1997	BLDG IMP	SHED	25	1,838.91	784.60	73.56	858.15	980.76
06/30/1998	BLDG IMP	SHED	25	48.97	19.59	1.96	21.55	27.42
07/20/1999	BLDG IMP	INSULATE ATTIC/FAN/CATWALK	25	830.00	290.50	33.20	323.70	506.30
08/27/1999	BLDG IMP	CEILING FANS	25	194.16	66.00	7.77	73.76	120.40
08/20/1999	BLDG IMP	LITTLE HOUSE WALL-DOOR FRA	25	499.00	169.65	19.96	189.61	309.39
10/22/1999	BLDG IMP	LITTLE HOUSE	25	265.14	84.83	10.61	95.44	106.04
10/20/1999	BLDG IMP	CLOSET TO INCREASED OFFICE	25	675.00	216.00	27.00	243.00	270.00
02/11/2000	BLDG IMP	FOLDING DOOR-MEETING ROOM	25	1,850.00	622.83	74.00	696.83	1,153.17
07/28/2001	BLDG IMP	FLOOD LIGHTS	25	589.30	163.03	23.57	186.60	402.70
08/30/2001	BLDG IMP	BUILDING IMPROVEMENTS	25	191.38	52.30	7.66	59.96	131.42
09/30/2001	BLDG IMP	COUNTER TOP - FOOD	25	475.00	128.24	19.00	147.24	327.76
08/13/2001	BLDG IMP	REMODEL BUSINESS OFFICE	25	654.55	181.09	26.18	207.27	447.28
04/07/2008	BLDG IMP	Improved glass and door lock-Front office	25	971.32	9.71	38.85	48.56	922.76
		TOTAL BLDG IMPROVEM		109,593.21	54,928.96	4,383.73	59,312.69	50,054.86
<b>FURNITURE &amp; FIXTURES:</b>								
10/01/1988	FURN/FIX	FILE CABINET	7	123.14	123.14	0.00	123.14	0.00
10/01/1990	FURN/FIX	FILE CABINET	7	113.95	113.95	0.00	113.95	0.00
02/01/1991	FURN/FIX	FILE CABINET	7	112.95	112.95	0.00	112.95	0.00
12/01/1993	FURN/FIX	OFFICE FURNITURE	10	195.50	195.50	0.00	195.50	0.00
03/11/1994	FURN/FIX	OFFICE FURNITURE	10	578.00	578.00	0.00	578.00	0.00
05/13/1994	FURN/FIX	2 DR FILE CABINET (11)	5	113.95	113.95	0.00	113.95	0.00
06/29/1994	FURN/FIX	OFFICE FURNITURE(06)	10	586.46	586.46	0.00	586.46	0.00
06/29/1994	FURN/FIX	2 DR FILING CABINET (10)	5	113.95	113.95	0.00	113.95	0.00
06/29/1994	FURN/FIX	3 4 DR FILE CABINETS (11)	10	491.80	491.80	0.00	491.80	0.00
06/29/1994	FURN/FIX	12 2 DR FILE CABINETS(06)	5	1,439.40	1,439.40	0.00	1,439.40	0.00
06/21/1995	FURN/FIX	2 DRWR FILE CABINET-JEAN	5	111.00	111.00	0.00	111.00	0.00
06/27/1995	FURN/FIX	FOLDING SCREEN-EEI	10	133.40	133.40	0.00	133.40	0.00
09/30/1996	FURN/FIX	DEMCO DISPLAY UNIT	5	274.95	274.95	0.00	274.95	0.00
10/10/1996	FURN/FIX	3 FILE CABINETS-CCRR	7	341.85	341.85	0.00	341.85	0.00
10/23/1996	FURN/FIX	DESK TOPS	7	1,801.75	1,801.75	0.00	1,801.75	0.00
12/04/1996	FURN/FIX	4 F.CABINETS-ANN,PEG,RITA,CYBE	7	455.80	455.80	0.00	455.80	0.00
05/15/1997	FURN/FIX	FOOD COMPUTER SOFTWARE-WARR	5	720.00	720.00	0.00	720.00	0.00
06/25/1997	FURN/FIX	OUTSIDE FENCE	5	965.61	965.61	0.00	965.61	0.00
06/30/1997	FURN/FIX	4 DRAWER CABINET W/LOCK-FOOD	7	148.51	148.51	0.00	148.51	0.00
06/30/1997	FURN/FIX	CENTER DRAWER-JEAN	5	107.67	107.67	0.00	107.67	0.00
07/31/1997	FURN/FIX	CHAIR-FOOD	5	157.49	157.49	0.00	157.49	0.00
10/01/1997	FURN/FIX	2 DRWR FILE CABINET-DEBB	7	105.00	105.00	0.00	105.00	0.00
10/01/1997	FURN/FIX	2 DRWR FILE CABINET-CCRR	7	105.00	105.00	0.00	105.00	0.00
10/09/1997	FURN/FIX	OUTSIDE FENCE	5	218.80	218.80	0.00	218.80	0.00
12/01/1997	FURN/FIX	COUNTER TOP - FOOD	7	235.00	235.00	0.00	235.00	0.00
12/04/1997	FURN/FIX	2 DRWR FILE CABINET-JEAN	7	105.00	105.00	0.00	105.00	0.00
12/29/1997	FURN/FIX	HUMIDIFIER	5	119.95	119.95	0.00	119.95	0.00
12/31/1997	FURN/FIX	TV-RCA	5	299.99	299.99	0.00	299.99	0.00
5/08/1998	FURN/FIX	STIHL TRIMMER	5	119.95	119.95	0.00	119.95	0.00
07/10/1998	FURN/FIX	3 PADDLE CHAIR-SUPV VX	5	261.33	261.33	0.00	261.33	0.00
09/04/1998	FURN/FIX	2 DWR FILE W/LOCK-SUBSIDY	5	105.00	105.00	0.00	105.00	0.00
07/24/1998	FURN/FIX	2 DWR FILE W/LOCK-HB	5	105.00	105.00	0.00	105.00	0.00
01/23/1999	FURN/FIX	CHAIR-CCRR SPECIALIST	5	104.99	104.99	0.00	104.99	0.00

Statement of Statistical Achievement by Program  
FY09

Family Infant & Toddler Program (FITP)	105 children served
Learning Together Program (LT) & Childcare	33 students and children attended
Healthy Babies	138 children served
Reach Up	69 participants served
Supervised Child Access Program	94 parents & children served
LINK	16 youth served
LINK summer program	18 youth attended
LINK teen center	50 teens attended
Childcare food program	387 children served
Childcare referral	327 referrals made
Childcare resource	191 providers trained
Childcare subsidy	726 parents and children served
Family Resouce	271 children served
Making It Work	39 participants served
Home Town Play Groups	389 parents and children participated
Parnet Education Classes	110 participants
EEI	22 children attended

Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>LAMOILLE FAMILY CENTER, INC</b>	Employer identification number <b>03-0277640</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>480 CADYS FALLS ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MORRISVILLE VT 05661-9137</b>	

**Check type of return to be filed (file a separate application for each return)**

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **PRISCILLA MATTEN**

Telephone No ► **802-888-5229**FAX No ► **802-888-5392**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

**a list with the names and EINs of all members the extension will cover**

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year or  
 ► ☒ tax year beginning **7/01/08**, and ending **6/30/09**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	<b>LAMOILLE FAMILY CENTER, INC</b>	<b>03-0277640</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>480 CADY'S FALLS ROAD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MORRISVILLE VT 05661-9137</b>	

Check type of return to be filed (File a separate application for each return)

- |  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **PRISCILLA MATTEN**

Telephone No **802-888-5229**

FAX No **802-888-5392**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **5/15/09**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **7/01/07**, and ending **6/30/08**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE AND COMPLETE AN ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶**

Title **▶ CPA**

Date **▶ 1/26/09**

Form **8868** (Rev. 4-2008)