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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**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

**F** Name and address of principal officer:  
Scott Johnson  
245 Maxfield Road  
Waterville VT 05492

**G** Gross receipts \$: 1,928,391

**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)  501(c) ( ) (insert no)  4947(a)(1) or  527

**J** Website: www.lamoillefamilycenter.org

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1976

**M** State of legal domicile: VT

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>See Schedule O</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>9</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>9</u>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u>	<u>67</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>94</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34		<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>1,835,438</u>	<u>1,903,029</u>
	9	Program service revenue (Part VIII, line 2g)	<u>2,052</u>	<u>7,336</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>9,044</u>	<u>12,223</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>9,857</u>	<u>5,803</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,856,391</u>	<u>1,928,391</u>
Expenses	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, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>1,326,954</u>	<u>1,336,514</u>
	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)	<u>477,865</u>	<u>563,642</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,804,819</u>	<u>1,900,156</u>
19	Revenue less expenses Subtract line 18 from line 12	<u>51,572</u>	<u>28,235</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>978,837</u>	<u>1,888,296</u>
	21	Total liabilities (Part X, line 26)	<u>458,165</u>	<u>1,339,389</u>
	22	Net assets or fund balances Subtract line 21 from line 20	<u>520,672</u>	<u>548,907</u>

**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: Scott Johnson Date: 5/8/12  
 Type or print name and title: Executive Director

**Paid Preparer Use Only**

Print/Type preparer's name: David H Angolano, CPA Preparer's signature: David H Angolano Date: 04/19/12 Check  if self-employed PTIN: P00124210  
 Firm's name: Angolano & Company CPA PC Firm's EIN: 03-0322470  
 Firm's address: PO Box 639 Shelburne, VT 05482-0639 Phone no: 802-985-8992

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

DAA

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question 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 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 \$ 223,781 including grants of \$ ) (Revenue \$ )  
 Lamoille Interagency Network for Kids (LINK) - Provides strength-based services for youth who are at risk of running away or becoming homeless including crisis intervention, conflict resolution, case management, temporary shelter, and a community Teen Center.

**4b** (Code ) (Expenses \$ 218,730 including grants of \$ ) (Revenue \$ )  
 Child care referral & resource - The referral and resource specialists offer information on quality child care and maintain a database of all registered and licensed child care programs in the Lamoille Valley, as well as helping to increase quality child care by providing support, professional development opportunities, and resources to child care providers.

**4c** (Code ) (Expenses \$ 269,237 including grants of \$ ) (Revenue \$ )  
 Learning Together - Learning Together offers educational and support services to pregnant, parenting, and at-risk youth, under age 22, who wish to earn their high school diploma or GED. Parents under age 24 can participate in Families Learning Together to earn a diploma or GED while getting support for parenting, learning new job skills, accessing resources, and planning for the future.

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

(Expenses \$ 1,184,491 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 1,896,239

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

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

Yes  No

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>37</b>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<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>67</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 (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<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)?		X
<b>5a</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
<b>5b</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5c</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
<b>6a</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		X
<b>6b</b>	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?		
<b>7a</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7b</b>	<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7c</b>	<b>a</b> 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>7d</b>	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7e</b>	<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7f</b>	<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7g</b>	<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7h</b>	<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>8</b>	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>9a</b>	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>9b</b>	<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>10a</b>	<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>10b</b>	<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>11a</b>	<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>11b</b>	<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>12a</b>	<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.		
<b>12b</b>	<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>13a</b>	<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>13b</b>	<b>a</b> Gross income from members or shareholders.		
<b>13c</b>	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>14a</b>	<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>14b</b>	<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>15a</b>	<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>15b</b>	<b>a</b> 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>15c</b>	<b>b</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.		
<b>16a</b>	<b>c</b> Enter the amount of reserves on hand.		
<b>17a</b>	<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>17b</b>	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<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?		X
<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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 in Schedule O		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</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>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
<b>12a</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990	X	
<b>12b</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12c</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>13</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>14</b>	Does the organization have a written whistleblower policy?	X	
<b>15a</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15b</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?	X	
<b>16a</b>	The organization's CEO, Executive Director, or top management official		
<b>16b</b>	Other officers or key employees of the organization		
<b>16a</b>	If "Yes" to line 15a or 15b, 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?		X
<b>16b</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 Forms 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  Comptroller 480 Cadys Falls Rd. 802-888-5229  
 Morrisville VT 05661

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Scott Johnson Exec. Dir	40.00	X		X			35,592	0	0	
(2) Bryce Breton Board Member	0.35	X					0	0	0	
(3) Ronna Ziegel Board Member	0.35	X					0	0	0	
(4) Daniel Regan Chair	0.35	X					0	0	0	
(5) Jeffery Hunsberger Boar Member	0.35	X					0	0	0	
(6) Sandy Paquette Board Member	0.35	X					0	0	0	
(7) John Duffy Treasurer	0.35	X					0	0	0	
(8) Keith Thompson Vice Chair	0.35	X					0	0	0	
(9) Bryn Fisher Secretary	0.35	X					0	0	0	
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										



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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>							35,592			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							35,592			

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

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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

**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

**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

(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 in compensation from the organization **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>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	5,493				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,604,704				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	292,832				
	g Noncash contributions included in lines 1a-1f	\$					
	<b>h Total. Add lines 1a-1f</b>			1,903,029			
<b>Program Service Revenue</b>	2a Program Service Fees	Busn Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			7,336	7,336		
	3 Investment income (including dividends, interest, and other similar amounts)			12,223	12,223		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
<b>Other Revenue</b>	6a Gross Rents	(i) Real					
	b Less rental exps	(ii) Personal					
	c Rental inc or (loss)						
	<b>d Net rental income or (loss)</b>						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis & sales exps						
	c Gain or (loss)						
	<b>d Net gain or (loss)</b>						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	<b>c Net income or (loss) from fundraising events</b>						
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	<b>c Net income or (loss) from gaming activities</b>						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	<b>c Net income or (loss) from sales of inventory</b>						
	Miscellaneous Revenue	Busn. Code					
11a Other Revenue			5,803	5,803			
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>			5,803				
<b>12 Total revenue. See instructions</b>			1,928,391	25,362	0	0	

**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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	127,974	115,176	12,798	
7 Other salaries and wages	1,017,789	916,034	101,755	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	88,536	80,294	8,242	
10 Payroll taxes	102,215	92,002	10,213	
11 Fees for services (non-employees)				
a Management	1,500		1,500	
b Legal				
c Accounting	6,150		6,150	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	10,165	8,270	1,895	
12 Advertising and promotion	7,120	6,885	235	
13 Office expenses	32,883	25,782	7,101	
14 Information technology				
15 Royalties				
16 Occupancy	39,138	31,984	7,154	
17 Travel	54,894	53,607	1,287	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	162	77	85	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,999	8,635	8,364	
23 Insurance	12,169	9,999	2,170	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a Program Expenses	282,917	267,361	15,556	
b Miscellaneous	22,218	920	21,298	
c Building Bright Futures	20,682	20,682		
d Food Distribution	20,413	20,413		
e Activity Expense	10,614	10,803	-189	
f All other expenses	25,618	227,315	-201,697	
25 Total functional expenses. Add lines 1 through 24f	1,900,156	1,896,239	3,917	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	317,101	1	334,705
	2 Savings and temporary cash investments	264,403	2	374,630
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	197,905	4	1,023,963
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	3,876	7	1,150
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	34,579	9	14,583
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 395,844		
	b Less accumulated depreciation	10b 265,231	10c	130,613
	11 Investments—publicly traded securities	5,305	11	8,652
	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)	978,837	16	1,888,296	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	136,091	17	103,506
	18 Grants payable		18	
	19 Deferred revenue	322,074	19	1,235,883
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	458,165	26	1,339,389
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	365,004	27	397,686
	28 Temporarily restricted net assets	155,668	28	151,221
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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>	520,672	33	548,907	
34 <b>Total liabilities and net assets/fund balances</b>	978,837	34	1,888,296	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,928,391
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,900,156
3	Revenue less expenses Subtract line 2 from line 1	3	28,235
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	520,672
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	548,907

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization

Lamoille Family Center, Inc.

Employer identification number

03-0277640

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

The organization is not a private foundation because it is (For lines 1 through 11, 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 )
- 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 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 )
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions) )	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,555,746	1,614,853	1,539,061	1,828,853	1,897,536	8,436,049
<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 Total.</b> Add lines 1 through 3	1,555,746	1,614,853	1,539,061	1,828,853	1,897,536	8,436,049
<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 Public support.</b> Subtract line 5 from line 4						8,436,049

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	1,555,746	1,614,853	1,539,061	1,828,853	1,897,536	8,436,049
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,794	9,172	7,712	9,044	12,223	43,945
<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.)	2,641	8,609	13,652	16,442	18,632	59,976
<b>11 Total support.</b> Add lines 7 through 10						8,539,970

**12** Gross receipts from related activities, etc. (see instructions) 12 25,362

**13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.78%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	98.23%
<b>16a 33 1/3% support test—2010.</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 <span style="float: right;">▶ <input checked="" type="checkbox"/></span>		
<b>b 33 1/3% support test—2009.</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 <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>17a 10%-facts-and-circumstances test—2010.</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 <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2009.</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 <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>18 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 <span style="float: right;">▶ <input type="checkbox"/></span>		

**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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total support.</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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## Part II, Line 10 - Other Income Detail

Other Misc. 2006-2010	\$	5,928
Sale of Inventory 2006-2010	\$	655
Special Events 2006-2010	\$	32,072
Program Service Fees 2006-2010	\$	21,321

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public Inspection

Name of the organization <b>Lamoille Family Center, Inc.</b>	Employer identification number <b>03-0277640</b>
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**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? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
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? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**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 education)	<input type="checkbox"/> Preservation of an 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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

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

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

9 In Part 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 (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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (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) 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 (ASC 958) 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 acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**2a** Did the organization include an amount on Form 990, Part X, line 21?  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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI 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) Accumulated depreciation	(d) Book value
<b>1a</b> Land		38,576		38,576
<b>b</b> Buildings		261,476	182,115	79,361
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		95,792	83,116	12,676
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				130,613

**Part VII Investments—Other Securities.** 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)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

**2** FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,928,391
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,900,156
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	28,235
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	28,235

**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	1,949,799
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	21,408
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	21,408
3	Subtract line 2e from line 1	3	1,928,391
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 must equal Form 990, Part I, line 12)	5	1,928,391

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

1	Total expenses and losses per audited financial statements	1	1,921,564
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	21,408
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	21,408
3	Subtract line 2e from line 1	3	1,900,156
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 must equal Form 990, Part I, line 18)	5	1,900,156

**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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Lamoille Family Center, Inc.

Employer identification number

03-0277640

Form 990 - 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) 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, & childcare 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 development; and that parents can both learn from and support each other as they grow alongside their children.

Form 990, Part I, Line 6

Volunteers & Interns helped with the annual holiday projects, various events, did carpentry work, helped in the Child Care program, taught art classes and helped in the Learning Together program, cooked/etc for the LINK summer program, & performed horse therapy visits.

Form 990, Part III, Line 4d - All Other Achievements

See attached list of Programs & Support Services.

Name of the organization

Lamoille Family Center, Inc.

Employer identification number

03-0277640

Form 990, Part V, Line 3b - Form 990-T Not Filed Explanation

No income outside of the tax exempt status.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990 is reviewed by comptroller & Executive Director prior to mailing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Reenforced in Company Personnel Policies and Corporate By-Laws. Board and employees are referred to policies on an annual basis.

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 (Comptroller) compensation subject to the review and approval of the Executive Director & the board.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are available upon request to the public.

## **Description of Program and Support Services**

### **Children's Integrated Services**

**Early Childhood & Family Mental Health** - Assists children, families, child care and other service providers to promote and support children's healthy social, emotional, and behavioral development.

**Early Intervention** - Provides services to families with children up to age three who have a medical diagnosis, a delay, or the high probability of a delay in their development or growth. Children receive services such as speech therapy and physical therapy, while parents receive training, counseling and service coordination.

**Nursing and Family Support** - Provides home visits to income eligible parents and their young children to help ensure a healthy start in the early years of a child's life

**Specialized Child Care** - Provides child care coordination services for families who are experiencing significant stress, have a child with special health needs, or have exceptional circumstances.

### **Child Care Support Services**

**Child and Adult Care Food Program** - This federally sponsored program provides cash reimbursement to providers for nutritious meals served to children in their registered child care settings.

**Child Care Center** - Provides high quality care for up to eight children under the age of three on site at the Family Center. The program promotes the physical, social, emotional and cognitive development of young children while responding to the needs of the families.

**Child Care Financial Assistance (formerly Subsidy)** - Specialists assist income eligible families with applying for subsidized child care. Eligibility requires families to have an established service need (employment, training, etc.).

**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.

**Child Care Resource** - The Resource

Development Specialist helps to increase quality child care by providing support, professional development opportunities, and resources to child care providers.

### **Youth and Young Adult Services**

**Lamoille Interagency Network for Kids (LINK)** - Provides strength-based services for youth who are at risk of running away or becoming homeless including crisis intervention, conflict resolution, case management, temporary shelter, and a community Teen Center.

**Learning Together & Families Learning Together** - Learning Together offers educational and support services to pregnant, parenting and at-risk youth, under age 22, who wish to earn their high school diploma or GED. Parents under age 24 can participate in Families Learning Together to earn a diploma or GED while getting support for parenting, learning new



job skills, accessing resources, and planning for the future.

**Reach Up** - Provides young parents receiving financial assistance from Economic Services with support and information on self-sufficiency, career planning, returning to school, finding a job, being a single parent, balancing work and family demands, etc.

### Family Support Services

**Assessing for Success** - A strength-based assessment program designed to help Reach Up participants improve their educational, career, and personal opportunities. This program also includes job coaching and career placement.

**Emergency Needs Family Outreach** - Provides families in need with limited funding and goods such as diapers, clothing and children's items.

**Holiday Project** - On a Saturday in December, parents (or guardians ) who have registered with the Family Center, choose new toys for their children as well as donated books, hats and mittens.

**Parenting Education** - Offers parenting support services including playgroups, training sessions, written resources, and referrals.

**Supervised Child Access Program** - Provides a supervised and structured setting for children to visit with their non-residential parents and extended family members.

#### **Program services totals as required:**

1) LINK:	\$223,781
2) CHILDCARE RESOURCE & REFERRAL:	\$218,730
3) LEARNING TOGETHER :	\$269,237
4) ALL OTHER PROGRAM SERVICES:	<u>\$1,184,491</u>
<b>TOTALS</b>	<b>\$1,896,239</b>

Name <u>Lamoille Family Center, Inc.</u>	Employer Identification Number <u>03-0277640</u>
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**Form 990, Part X, Line 7 - Additional Information**

Name of borrower	Relationship to disqualified person
(1) <u>Employee Advances</u>	
(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)	<u>3,876</u>	<u>1,150</u>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>3,876</b>	<b>1,150</b>	

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Investment Income	\$ 12,223			VT		
Total	<u>\$ 12,223</u>					

## Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional Development	\$ 10,165	8,270	1,895	\$
Total	\$ 10,165	8,270	1,895	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Contracts	\$ 9,823	4,777	5,046	\$
Starting Points	7,020	7,020		
Fundraising	5,608	5,608		
Accommodations/Meals	1,829	1,686	143	
Bad Debt	1,044	1,044		
Repair & Maintenance	460		460	
Events	33			
the various programs)	-199	207,147	-207,346	
Total	\$ 25,618	227,315	-201,697	\$ 0

THE LAMOILLE FAMILY CENTER  
DEPRECIATION SCHEDULE

06/30/11

DATE	CATEGORY	DESCRIPTION	LIFE	COST	ACC DEP PRIOR YEARS	DEPRECIATION PRESENT YEAR	ACC DEP PRESENT YEAR	REMAINING LIFE
<b>BUILDING</b>								
6/1/1994	BLDG	HOUSE (PUT IN USE 9/15/94)	25	147,088.35	98,794.32	5,883.53	104,677.86	42,410.49
4/10/2002	BLDG	ARCHITECT	25	4,794.36	1,773.90	191.77	1,965.68	2,828.68
		<b>TOTAL BLDG</b>		<b>151,882.71</b>	<b>100,568.23</b>	<b>6,075.31</b>	<b>106,643.54</b>	<b>45,239.17</b>
<b>BUILDING IMPROVEMENTS</b>								
6/30/1995	BLDG IMP	BUILDING IMPROVEMENTS	25	95,205.64	60,931.61	3,808.23	64,739.84	30,465.80
9/15/1995	BLDG IMP	BUILDING IMPROVEMENTS	25	4,287.30	2,701.00	171.49	2,872.49	1,414.81
2/13/1997	BLDG IMP	BUILDING IMPROVEMENTS	25	209.67	119.51	8.39	127.90	81.77
7/31/1997	BLDG IMP	LIVING ROOM CEILING FAN	25	173.98	96.85	6.96	103.81	70.17
7/31/1997	BLDG IMP	SECURITY SYSTEM	25	633.89	352.87	25.36	378.23	255.66
11/7/1997	BLDG IMP	SHED	25	1,838.91	1,005.27	73.56	1,078.82	760.09
6/30/1998	BLDG IMP	SHED	25	48.97	25.47	1.96	27.43	21.54
7/20/1999	BLDG IMP	INSULATE ATTIC/FAN/CATWALK	25	830.00	390.10	33.20	423.30	406.70
8/27/1999	BLDG IMP	CEILING FANS	25	194.16	89.30	7.77	97.06	97.10
8/20/1999	BLDG IMP	LITTLE HOUSE WALL-DOOR FRA	25	499.00	229.53	19.96	249.49	249.51
10/22/1999	BLDG IMP	LITTLE HOUSE	25	265.14	116.65	10.61	127.26	137.88
10/20/1999	BLDG IMP	CLOSET TO INCREASED OFFICE	25	675.00	297.00	27.00	324.00	351.00
2/11/2000	BLDG IMP	FOLDING DOOR-MEETING ROOM	25	1,850.00	844.83	74.00	918.83	931.17
7/28/2001	BLDG IMP	FLOOD LIGHTS	25	589.30	233.75	23.57	257.32	331.98
8/30/2001	BLDG IMP	BUILDING IMPROVEMENTS	25	191.38	75.27	7.66	82.92	108.46
9/30/2001	BLDG IMP	COUNTER TOP - FOOD	25	475.00	185.24	19.00	204.24	270.76
8/13/2001	BLDG IMP	REMODEL BUSINESS OFFICE	25	654.55	259.64	26.18	285.82	368.73
4/7/2008	BLDG IMP	Improved glass and door lock-Front office	25	971.32	126.27	38.85	165.12	806.20
		<b>TOTAL BLDG IMPROVEM</b>		<b>109,593.21</b>	<b>68,080.15</b>	<b>4,383.73</b>	<b>72,463.88</b>	<b>37,129.33</b>
<b>FURNITURE &amp; FIXTURES</b>								
10/1/1988	FURN/FIX	FILE CABINET	7	123.14	123.14	0.00	123.14	0.00
10/1/1990	FURN/FIX	FILE CABINET	7	113.95	113.95	0.00	113.95	0.00
2/1/1991	FURN/FIX	FILE CABINET	7	112.95	112.95	0.00	112.95	0.00
12/1/1993	FURN/FIX	OFFICE FURNITURE	10	195.50	195.50	0.00	195.50	0.00
3/11/1994	FURN/FIX	OFFICE FURNITURE	10	578.00	578.00	0.00	578.00	0.00
5/13/1994	FURN/FIX	2 DR FILE CABINET (11)	5	113.95	113.95	0.00	113.95	0.00
6/29/1994	FURN/FIX	OFFICE FURNITURE(06)	10	586.46	586.46	0.00	586.46	0.00
6/29/1994	FURN/FIX	2 DR FILING CABINET (10)	5	113.95	113.95	0.00	113.95	0.00
6/29/1994	FURN/FIX	3 4 DR FILE CABINETS (11)	10	491.80	491.80	0.00	491.80	0.00
6/29/1994	FURN/FIX	12 2 DR FILE CABINETS(06)	5	1,439.40	1,439.40	0.00	1,439.40	0.00
6/21/1995	FURN/FIX	2 DRWR FILE CABINET-JEAN	5	111.00	111.00	0.00	111.00	0.00
6/27/1995	FURN/FIX	FOLDING SCREEN-EEI	10	133.40	133.40	0.00	133.40	0.00
9/30/1996	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
12/4/1996	FURN/FIX	4 F CABINETS-ANN,PEG,RITA,CYBE	7	455.80	455.80	0.00	455.80	0.00
5/15/1997	FURN/FIX	FOOD COMPUTER SOFTWARE-WARR	5	720.00	720.00	0.00	720.00	0.00
6/25/1997	FURN/FIX	OUTSIDE FENCE	5	965.61	965.61	0.00	965.61	0.00
6/30/1997	FURN/FIX	4 DRAWER CABINET W/LOCK-FOOD	7	148.51	148.51	0.00	148.51	0.00
6/30/1997	FURN/FIX	CENTER DRAWER-JEAN	5	107.67	107.67	0.00	107.67	0.00
7/31/1997	FURN/FIX	CHAIR-FOOD	5	157.49	157.49	0.00	157.49	0.00
10/1/1997	FURN/FIX	2 DRWR FILE CABINET-DEBB	7	105.00	105.00	0.00	105.00	0.00
10/1/1997	FURN/FIX	2 DRWR FILE CABINET-CCRR	7	105.00	105.00	0.00	105.00	0.00
10/9/1997	FURN/FIX	OUTSIDE FENCE	5	218.80	218.80	0.00	218.80	0.00
12/1/1997	FURN/FIX	COUNTER TOP - FOOD	7	235.00	235.00	0.00	235.00	0.00
12/4/1997	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
5/8/1998	FURN/FIX	STIHL TRIMMER	5	119.95	119.95	0.00	119.95	0.00
7/10/1998	FURN/FIX	3 PADDLE CHAIR-SUPV VX	5	261.33	261.33	0.00	261.33	0.00
9/4/1998	FURN/FIX	2 DWR FILE W/LOCK-SUBSIDY	5	105.00	105.00	0.00	105.00	0.00
7/24/1998	FURN/FIX	2 DWR FILE W/LOCK-HB	5	105.00	105.00	0.00	105.00	0.00
1/23/1999	FURN/FIX	CHAIR-CCRR SPECIALIST	5	104.99	104.99	0.00	104.99	0.00
2/8/1999	FURN/FIX	2 DR FILE CABINET-REFERRAL	5	112.72	112.72	0.00	112.72	0.00
6/29/1999	FURN/FIX	PLAYGROUND EQUIPMENT	10	4,351.59	4,351.59	0.00	4,351.59	0.00
9/15/1999	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
2/11/2000	FURN/FIX	LAPLINK Software	5	157.20	157.20	0.00	157.20	0.00

THE LAMOILLE FAMILY CENTER  
DEPRECIATION SCHEDULE

06/30/11

DATE	CATEGORY	DESCRIPTION	LIFE	COST	ACC DEP	DEPRECIATION	ACC DEP	REMAINING LIFE
					PRIOR YEARS	PRESENT YEAR	PRESENT YEAR	
6/1/2000	FURN/FIX	BOARDMAKER-WIN - FIT	5	419 00	419 00	0 00	419 00	0 00
5/1/2001	FURN/FIX	Office Chair - CCRR	5	104 98	104 98	0 00	104 98	0 00
6/12/2001	FURN/FIX	Computer - Food Program	5	416 00	416 00	0 00	416 00	0 00
6/1/2001	FURN/FIX	Computer - FIT	5	400 00	400 00	0 00	400 00	0 00
7/26/2001	FURN/FIX	VACCUM	5	383 37	383 37	0 00	383 37	0 00
12/1/2001	FURN/FIX	WATER TANK	5	522 32	522 32	0 00	522 32	0 00
9/25/2001	FURN/FIX	COMPUTER -GRTW	5	538 28	538 28	0 00	538 28	0 00
6/29/2002	FURN/FIX	COMPUTER- GRTW>IHPE>standby	5	2,117 71	2,117 71	0 00	2,117 71	0 00
6/29/2002	FURN/FIX	LCD PROJECTOR - GRTW	5	2,524 00	2,524 00	0 00	2,524 00	0 00
9/28/2001	FURN/FIX	TOWER- SUBSIDY	5	750 00	750 00	0 00	750 00	0 00
9/28/2001	FURN/FIX	TOSHIBA 8200 NOTEBOOK PC-ANN>L	5	2,850 00	2,850 00	0 00	2,850 00	0 00
6/30/2002	FURN/FIX	2 DELL LAPTOP COMPUTERS "32"	5	3,699 30	3,699 30	0 00	3,699 30	0 00
3/17/2003	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
6/1/2003	FURN/FIX	COMPUTER UPGRADE-FOOD	5	409 95	409 95	0 00	409 95	0 00
8/1/2002	FURN/FIX	DELL LAPTOP-FIT	5	1,723 00	1,723 00	0 00	1,723 00	0 00
1/2/2003	FURN/FIX	12 SNOW SHOES	5	745 00	745 00	0 00	745 00	0 00
9/1/2003	FURN/FIX	Vercom Telephone System	7	16,988 00	16,988 00	0 00	16,988 00	0 00
10/28/2003	FURN/FIX	Computer - FIT	5	615 92	615 92	0 00	615 92	0 00
9/28/2004	FURN/FIX	Computer - B-3->Katy	5	1,026 59	1,026 59	0 00	1,026 59	0 00
11/1/2004	FURN/FIX	ELECTRIC STOVE	5	548 98	548 98	0 00	548 98	0 00
5/4/2005	FURN/FIX	Computer - Debbie (Bus Office)->MIW	5	519 00	380 60	103 80	484 40	34 60
11/24/2005	FURN/FIX	Quickbooks Software	5	699 00	664 05	34 95	699 00	0 00
3/1/2006	FURN/FIX	LT Refrigerator	5	609 98	569 34	40 64	609 98	0 00
2/28/2006	FURN/FIX	Admin Computer (WS1-Priscilla)	5	1,189 96	1,130 60	59 36	1,189 96	0 00
3/6/2006	FURN/FIX	LT Equipment	5	303 50	283 28	20 22	303 50	0 00
4/21/2006	FURN/FIX	LINK Laptop (Imelda's)	5	1,517 95	1,315 56	202 39	1,517 95	0 00
5/31/2006	FURN/FIX	SUPV VX COMPUTER	5	1,164 20	970 16	194 04	1,164 20	0 00
5/31/2006	FURN/FIX	Admin Computer (WS2-Lorin)	5	1,164 20	970 16	194 04	1,164 20	0 00
6/30/2006	FURN/FIX	CCRR Gateway Laptop (Jill's)	5	1,319 97	1,319 95	0 02	1,319 97	0 00
6/30/2006	FURN/FIX	FIT Gateway Laptop (Leah's)	5	1,319 97	1,319 95	0 02	1,319 97	0 00
6/30/2006	FURN/FIX	CCRR Gateway PC (Lorraine's)	5	989 97	989 95	0 02	989 97	0 00
10/1/2006	FURN/FIX	H B Laptop - Heather's	5	771 00	732 65	38 35	771 00	0 00
2/27/2007	FURN/FIX	Upstairs colored HP laser printer	5	895 52	776 10	119 42	895 52	0 00
2/27/2007	FURN/FIX	3 Laptops for Making It Work clients	3	1,044 00	1,044 00	0 00	1,044 00	0 00
2/28/2007	FURN/FIX	1 desktop computer-Stuart	5	1,107 69	960 01	147 68	1,107 69	0 00
2/28/2007	FURN/FIX	1 desktop computer-Lorin	5	1,107 69	960 01	147 68	1,107 69	0 00
6/13/2007	FURN/FIX	1 Laptop - LINK-Crystal	5	734 98	600 25	134 73	734 98	0 00
9/10/2008	FURN/FIX	Dell Computer-Debbie	5	709 00	401 77	141 80	543 57	165 43
1/27/2009	FURN/FIX	B&H Electric-Security equip	5	1,008 13	487 27	201 63	688 89	319 24
2/9/2009	FURN/FIX	Wii and accessories	5	609 92	243 96	121 98	365 95	243 97
1/22/2009	FURN/FIX	Wide Screen TV	5	1,379 97	551 98	275 99	827 98	551 99
7/14/2009	FURN/FIX	Dell Computer-Becky	3	554 00	369 34	184 67	554 00	0 00
9/26/2009	FURN/FIX	T V -Teen Ctr	5	697 00	243 95	139 40	383 35	313 65
5/18/2010	FURN/FIX	Dell Lat E5510, monitor, docking-Scott	3	1,478 00	533 73	492 67	1,026 39	451 61
6/30/2010	FURN/FIX	4 Dell Lat #5510 - FIT	3	4,632 12	1,544 04	1,544 04	3,088 08	1,544 04
6/30/2010	FURN/FIX	4 desks, chairs, 1 partition-LT	5	1,678 29	335 66	335 66	671 32	1,006 97
7/6/2010	FURN/FIX	Air Conditioner (FIT-EI) office	5	599 98	0 00	120 00	120 00	479 98
9/27/2010	FURN/FIX	4 Dell Laptops (Learning Together)	3	2,585 25	0 00	430 88	430 88	2,154 37
4/30/2011	FURN/FIX	2 Nextlink 3025 computers	5	1,757 70	0 00	175 77	175 77	1,581 93
6/23/2011	FURN/FIX	QB Enterprise Software	3	2,100 00	0 00	350 00	350 00	1,750 00
6/30/2011	FURN/FIX	Giftworks Software	3	1,247 00	0 00	207 83	207 83	1,039 17
7/6/2012	FURN/FIX	Microsoft software	3	1,247 00	0 00	207 83	207 83	1,039 17
		TOTAL FURN/FIX		95,791 88	76,748 26	6,367 50	83,115 76	12,676 12
LAND								
7/1/1995	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								
9/6/1994	LAND IMP	DRIVEWAY CONSTRUCTION	25	3,863 19	2,601 23	154 53	2,755 76	1,107 43
12/11/1997	LAND IMP	PAVEMENT	25	450 00	234 00	18 00	252 00	198 00
		TOTAL LAND IMPROVE		4,313 19	2,835 23	172 53	3,007 76	1,305 43



# LAMOILLE FAMILY CENTER

Fall 2010



[www.lamoillefamilycenter.org](http://www.lamoillefamilycenter.org)

The Lamoille Family Center, established in 1976, affirms the right of all children to grow up in an environment that enables them to become healthy adults by encouraging, educating and celebrating families. As one of fifteen Parent Child Centers across the state, the Family Center offers early care and education services, home visiting, parent education, playgroups, child care resource and referral, youth services, and emergency assistance.

### LFC Provides Emergency Assistance

From July - October, LFC provided emergency assistance to 82 families with 138 children. Assistance included gas cards, food cards, diapers, and financial contributions toward rent and fuel.

"I have been unable to work the last couple of years due to a disability. I had my son 14 months ago and it has been a struggle to make ends meet. This program helped me with a disconnect on my lights which is greatly appreciated."  
- Parent from Hardwick

### New Leadership

Dave Connor has retired as Executive Director after 18 years at the Lamoille Family Center. On October 20th, nearly 80 people attended a celebration of Dave's service to the Family Center, the region and the state. Those in attendance reflected on Dave's contributions to many community accomplishments including creation of the Community Justice Project, creation of the Hardwick Area Patch office, and formation of the Lamoille Valley Hunger Coalition. Dave has inspired staff and colleagues through his steadfast determination to fight for what he believes in, passion for advocating for the rights of others, and unwavering commitment to children, youth and families.

The Family Center Board and staff welcomed Scott Johnson as the organization's new Executive Director on June 7th. Scott brings more than thirty years of experience in education and human services including: Executive Director of the Laraway School, Regional Coordinator for People In Partnership, Statewide Coordinator for the Vermont Regional Partnerships, Agency of Human Services Field Director for the Morrisville District Office, and most recently as Director for the AHS Field Services. His experience and detailed knowledge of the Lamoille Valley, will be instrumental in leading the Family Center.



Grand Slam Tennis Tours, based in Stowe, provided the trip of a lifetime for ten youth from the Lamoille Family Center to Arthur Ashe Kids Day in New York City on August 28<sup>th</sup>.

### Honoring the Past

The Lamoille Family Center has grown and changed over the past thirty-five years, yet the organization's commitment to its mission to encourage, educate and celebrate families has remained constant. This was the sentiment shared as a dozen people gathered at the Family Center on August 3<sup>rd</sup> to share memories of the founding and development of the organization. In attendance were founding board members, the first executive director, early staff members, and long time community partners.

Five directors, dozens of board members, and more than three hundred employees have followed in the thirty-five years since the doors opened. Now with thirty-two employees and seventeen programs, the Family Center serves more than 1,600 children, youth, parents and caregivers annually throughout the Lamoille Valley.



When asked to give one word that describes the Family Center, remarks included: compassion, cooperation, child centered, accessible, leadership, consistent, and hope. Much credit was given to the strength of the Lamoille Valley community. A founding board member noted, "This community is unique in understanding people's needs and has always had a strong team that would step up to help."

As the Family Center celebrates 35 years of service to the community, the organization will continue to piece together its history. Future gatherings will be planned to record and commemorate the milestones that are the foundation of the Family Center today. If you have information to share about the Family Center's history or would like to be invited to future gatherings, please contact Scott Johnson at 888-5229 ext 124 or [sjohnson@lamoillefamilycenter.org](mailto:sjohnson@lamoillefamilycenter.org).



Lamoille Family Center  
 480 Cadys Falls Road  
 Morrisville, Vermont 05661

[www.lamoillefamilycenter.org](http://www.lamoillefamilycenter.org)

### Help Spread Some Holiday Cheer

The Family Center's Holiday Project will take place on December 18<sup>th</sup> at St Theresa's Parish in Hyde Park. Parents or guardians who have registered with the Family Center choose toys, games, books, hats and mittens for their children. You can help by:

- \* Donating new, unwrapped toys, stocking stuffers, hats/mittens for children up to age 12
- \* Donating new or used children's books
- \* Volunteering your time to help staff the event
- \* Referring families in need to this project
- \* Asking friends, family, and co-workers to donate items to this project

Contact Wendy Chauvin at 888-5229 ext 120 or [wchauvin@lamoillefamilycenter.org](mailto:wchauvin@lamoillefamilycenter.org)

The Adopt a Family Project matches a family with a donor (family, business, religious group) who shops for the members of the family based upon a wish list that the family creates. You can help by:

- \* Becoming donor (alone or as part of a larger group)
- \* Referring families in need to this project (direct them to an area service provider who they work with to make the referral)
- \* Asking friends, family, co-workers, etc to become a donor

Contact Becky Gonyea at 888-5229 ext 125 or [bgonyea@lamoillefamilycenter.org](mailto:bgonyea@lamoillefamilycenter.org)

"My high school experience was not what I thought it would be. I thought I would be able to handle the drama, the heartbreak, and the teasing. I never thought that any of it would be so bad. It was the worst experience of my life. But, I moved into the Family Center and met some amazing and very supportive people there, even people that aren't in the program."

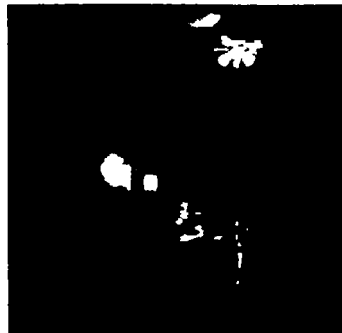
- Learning Together Participant

Check out the Lamoille Family Center web site for more information about our programs and upcoming activities  
[www.lamoillefamilycenter.org](http://www.lamoillefamilycenter.org)

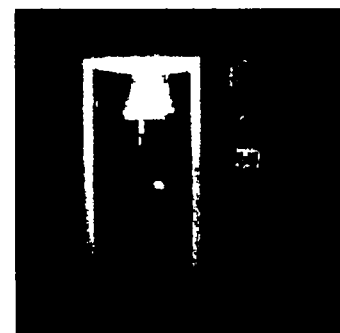
### HIGHLOW Project at Helen Day Art Center

The Vermont Coalition of Runaway & Homeless Youth Programs (VCRHYP) commissioned photographer Ned Castle to collaborate with youth at-risk of becoming homeless to re-enact *high* and *low* moments in their lives. The resulting large-scale photographs and audio narrations by these young participants provide insight into their struggles and triumphs, their incredible resiliency and the importance of a strong support network as they work to overcome multiple challenges and become successful members of their communities. The Family Center hosted the exhibit at the Helen Day Art Center from August 20th - 23rd.

This exhibit proves that strong community support is critical to ensuring the success of local youth. Last year, the Lamoille Family Center's youth programming reached nearly 400 at risk youth. 298 youth received case management, conflict resolution and crisis intervention services, 27 youth, including 6 graduates, participated in the Learning Together program (an alternative high school providing education and support services for pregnant, parenting and at risk young women), 10 youth were sheltered for a total of 236 nights, and an average of 26 youth attended the Youth Rocks Café Teen Center weekly.



Chelsea, Low Moment



Chelsea, High Moment





# LAMOILLE FAMILY CENTER

*Celebrating 35 Years!*

**Spring 2011**



The Lamoille Family Center, established in 1976, affirms the right of all children to grow up in an environment that enables them to become healthy adults by encouraging, educating and celebrating families. As one of fifteen Parent Child Centers across the state, the Family Center offers early care and education services, home visiting, parent education, playgroups, child care resource and referral, youth services, and emergency assistance.

### Note from the Executive Director

The Lamoille Family Center staff, Board and community partners are currently engaged in many exciting efforts. I hope this update provides you with a snapshot of our work. We are committed to effectively serving families, while maximizing resources and reducing redundancies.

Please let us know what you think we are doing well and what could be improved. I can be reached at 888-5229 ext 124 or [sjohnson@lamoillefamilycenter.org](mailto:sjohnson@lamoillefamilycenter.org).

Scott Johnson  
Executive Director

### Children's Integrated Services

In November, the Family Center became one of three Children's Integrated Services pilot regions across the state. This opportunity involves the Family Center implementing five early childhood programs totaling \$670,000 annually across three organizations. Staff partner to provide physical, developmental and social emotional supports for young children and their families in an effort to best meet the needs of families while reducing duplication and streamlining access. As a pilot program, the Lamoille Family Center is expected to set a standard for the rest of the state including: utilizing research based approaches, implementing family centered practices, and ensuring program accountability.



Lamoille Family Center Learning Together participants enjoyed a musical performance courtesy of the Spruce Peak Performing Arts Center in February 2011. After the show, they were thrilled to talk with TEATRO and have their photo taken!

### LFC Holiday Activities

Thanks to generous community support, the Lamoille Family Center's 2010 holiday activities once again served hundreds of children and families.

With your contributions of time, funding and items:

- ◆ 147 families, with 325 children, received gifts through the Holiday Project
- ◆ 27 families, with 39 adults and 67 children, received gifts through the Adopt A Family program

*"It seems like the past few years have been a struggle for almost everyone, including myself. Christmas is always a big stressor, but with the Holiday Project, I know my girls will have something under the tree. That alone means the world to me."*

Employee "elves" from Community Health Services of Lamoille Valley donated gifts to the Lamoille Family Center's Adopt A Family program.



### LFC Expands Parent Education Services

Thanks to generous community support, including Concept2 and Ben & Jerry's, the Family Center has hired a part-time parent educator to:

- \* Be a resource to parents seeking group education and support
- \* Coordinate a variety of parent education opportunities
- \* Maintain a database of parent education & support opportunities

A number of activities are planned for the coming months. Please help to sustain this work by making a contribution.

### LFC Emergency Assistance Fund

From November 2010 - February 2011, the LFC provided emergency assistance to 63 families with 96 children. Assistance included gas cards, food cards, diapers, and financial contributions toward rent and fuel.

*"I'm writing to show my thanks and appreciation for your help with my electric bill so I don't get disconnected. I have two young children and bills that exceed the income I have. This last month I had car problems that were not expected and fell back on my electric bill. So, I greatly appreciate the help you have chosen to give me today!"*





Lamoille Family Center  
480 Cadys Falls Road  
Morrisville, Vermont 05661

[www.lamoillefamilycenter.org](http://www.lamoillefamilycenter.org)

### THANK YOU...

Community support is critical to the sustainability of the Lamoille Family Center. Thank you to the numerous individual, business, foundation, and State and Federal government supporters that make it possible for us to continue to serve more than 1,600 children, youth, parents and caregivers annually. We could not do this work without you!

Your help is always needed. Your contribution will support the ongoing operation of the Family Center, ensuring that families continue to have access to child care, parenting support, playgroups, emergency resources, the Holiday Project, a teen center, an alternative high school for pregnant, parenting and at-risk young women, and many other services provided by our dedicated and caring staff

Contributions can be made at [www.lamoillefamilycenter.org/make-a-donation](http://www.lamoillefamilycenter.org/make-a-donation) or sent to 480 Cadys Falls Road Morrisville, VT 05661. To discuss opportunities to support the Family Center, contact the LFC Development Director, Becky Gonyea, at 888-5229 ext 125 or [bgonyea@lamoillefamilycenter.org](mailto:bgonyea@lamoillefamilycenter.org).



Jack Manning of Hyde Park donated money he received for his 8<sup>th</sup> birthday to the Lamoille Family Center in October 2010.

### Upcoming Activities

- April 16<sup>th</sup>** - Parents and others who interact with children are invited to attend a Behavior Support training with Jeanine Fitzgerald.
  - May 6<sup>th</sup>** - Lamoille Valley attorneys are invited to a LFC open house.
  - June 22<sup>nd</sup>** - Join us for the LFC Annual Meeting.
  - July 4<sup>th</sup>** - LFC staff will decorate bikes & distribute books at the Morrisville celebration
  - August** - Please donate diapers and pull-ups to the LFC Diaper Drive.
  - August 2<sup>nd</sup>** - Join us for the 2<sup>nd</sup> Annual Revisiting Our History, a gathering of early LFC staff, Board members and supporters.
  - September 24<sup>th</sup>** - Participate in the 2<sup>nd</sup> Annual LFC Climb for Kids fundraising hike.
  - October 2<sup>nd</sup>** - Attend the 3<sup>rd</sup> Annual Pumpkin Chuckin' Festival at the Boyden Farm in Cambridge, Proceeds benefit the Family Center and the Cambridge Rotary Club.
  - December 17<sup>th</sup>** - Help support the LFC Holiday Project. Donations of new toys, games, puzzles, hats, and mittens/gloves are accepted all year at the Family Center.
- Watch for more details about these activities at [www.lamoillefamilycenter.org](http://www.lamoillefamilycenter.org).

Check out the Lamoille Family Center web site for more information about our programs and upcoming activities including playgroups & parenting classes  
[www.lamoillefamilycenter.org](http://www.lamoillefamilycenter.org)

*"The problems and hardships I am having in life came so fast and I didn't know who to go to or what to do I was told about the help you have given to a dear friend of mine when she was having a life crisis I called and you were so sympathetic and helpful to me and my 20 month old daughter "*

July 19, 2011

Friends of the Lamoille Family Center,

Thank you for your support that comes in so many ways: donations of funds, goods and time; referrals to our programs; strong community partnerships; and as vocal supporters of our important work. Please see below for a brief update of recent and upcoming LFC activities. Watch for our more detailed bi-annual update which will be mailed out in August.

*Scott*

**We are pleased to announce that May 2011 marked 35 years of service to children, youth and families throughout the Lamoille Valley.**

Please join us as we celebrate this milestone -

- 2<sup>nd</sup> Annual Revisiting Our History Gathering – August 2<sup>nd</sup> at the LFC
  - Early supporters, founders, and staff are invited at 4pm as the group continues to develop the history and timeline of the organization.
  - A larger celebration, open to the community, will begin at 5:30pm with light refreshments, music, and brief remarks.
- 2<sup>nd</sup> Annual Climb for Kids fundraising hike – September 24<sup>th</sup> at Elmore State Park

**The LFC is holding a Diaper Drive!**

Do you have any clean, unused diapers that could be donated to families in need? The LFC is holding its first “Diaper Drive” in August. Watch for more information about where you can bring your extra diapers or purchase new diapers to be donated to our program.

**LFC Annual Meeting was a Success**

More than 50 people attended the Lamoille Family Center Annual Meeting on June 22<sup>nd</sup> as the organization celebrated 35 years of service to families throughout the Lamoille Valley. Highlights included:

- Agency of Human Services Secretary Doug Racine as guest speaker
- Tracy Patnoe and LouAnn Clewes from Mud City Kids Child Care Center shared their extensive involvement with LFC programs and staff
- Elaine Alexander was recognized as the Family Center 2011 Outstanding Supporter of the Year

**The LFC launched a parent education program in January 2011**

Thanks to generous contributions from Concept2 and the Ben & Jerry’s Foundation the LFC is now able to offer parent education services to families throughout the Lamoille Valley. Jackie Stanton was hired as the part time Parent Educator. She has spent considerable time responding to parent requests for training and support, meeting with community partners, and updating the LFC website with parent education and support activities offered by the LFC and community partners. The following parent activities were offered in recent months:

- “Where do the Children Play?” video presentation and discussion
- “Power Struggles” training with Scott Noyes
- Behavior Support training with Jeanine Fitzgerald
- Nurturing Fathers Program
- 1, 2, 3 Magic training

We are actively soliciting additional funding from foundations and individuals to maintain this program. Please contact me if you would like to learn more about how you could support this program.

**Information Technology Upgrade**

The LFC has secured \$37,777 to support an upgrade to the LFC information technology system which will result in an opportunity to build capacity for a high performing organization with a secure and efficient computer network. Thank you to the A.D. Henderson Foundation, Green Mountain Fund, the Vermont Community Foundation and the Oakland Foundation. Several computers have already been installed and the server will be ordered this week!

### **Preschool Expansion in Morristown and Elmore**

The LFC, in partnership with the Lamoille South Supervisory Union, received a \$15,000 planning grant from the Vermont Community Preschool Collaborative to explore the development of partnerships with existing local child care providers to offer high quality preschool to Morrisville and Elmore families. A steering committee made a set of recommendations, based upon findings from a community needs assessment, that were presented to the school boards on May 24<sup>th</sup>. The Morristown and Elmore School Boards approved the recommendations to move forward with an application for implementation funding from the Vermont Community Preschool Collaborative to expand publicly funded preschool services in partnership with existing child care providers. The Supervisory Union applied for the funding and has been awarded a \$60,000 grant and the steering committee, with representation from the LFC, has begun working out the details of implementation.

### **Youth Scholarship Program**

Due to scheduling and staff changes, we decided to forego the traditional LFC summer programming and instead offer camp scholarships this summer. As of this writing, 6 youth will benefit from this new opportunity, attending camps throughout Vermont. As we measure the results of this first year, we anticipate a more formal and extended program in the summer of 2012. Just imagine!

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **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**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). 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.

**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

<b>Type or print</b>	Name of exempt organization <b>Lamoille Family Center, Inc.</b>	Employer identification number <b>03-0277640</b>
File by the due date for filing your return See instructions	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>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Comptroller  
480 Cadys Falls Rd.

- The books are in the care of ▶ **Morrisville** VT 05661  
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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/12**, 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 **07/01/10**, and ending **06/30/11**

**2** If this tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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

- 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. Only file the original (no copies needed).**

Type or print File by the extended 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>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

Comptroller  
480 Cadys Falls Rd.

- The books are in the care of  **Morrisville** VT 05661  
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.

- I request an additional 3-month extension of time until **05/15/12**
- For calendar year \_\_\_\_\_, or other tax year beginning **07/01/10**, and ending **06/30/11**
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension  
**Additional time is requested to gather information to prepare a complete and accurate return.**

<b>8a</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>8a</b>	\$
<b>b</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	<b>8b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	<b>8c</b>	\$

**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  **02/06/12**  
Form **8868** (Rev 1-2011)