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DLN: 93493131006225

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013	cal <u>endar year, or tax year beginnin</u> g	9 07-01-2013 , 2013, and ending	06-30-2014			
_		applicab	le C Name of organization Lund Family Center Inc			D Emplo	yer ide	ntification number
_		hange	Doing Business As			03-01	7943	4
	me cha	_	,					
_	ial retu		Number and street (or P O box if m 76 Glen Road PO Box 4009	ail is not delivered to street address) Roo	m/suite	E Telepho	ne num	ber
	mınate					(802)	864-7	467
_		return	City or town, state or province, cour Burlington, VT 05406	ntry, and ZIP or foreign postal code				
J Ap	olicatio	n pendı						8,526,859
			F Name and address of prir	ncipal officer	H(a)	Is this a group subordinates?	return	for
					H(b)	Are all subordi included?	nates	┌ Yes 🗸 No
I Ta	x-exer	npt stat	tus 🔽 501(c)(3) 🔽 501(c)() 🖪 (insert no)			a lıst	(see instructions)
J W	ebsit	e: ► \	www.lundfamilycenter.org		H(c)	Group exempt	ion nui	mber ►
			ion Corporation Trust Associatio	n Cothor In		ar of formation 18		State of legal domicile VT
	rt I	_	immary	iii Otilei P	Life	ai oi ioiiiiatioii 16	90 14	State of legal dofficile VI
ance		Lund	/ describe the organization's missic helps children thrive by empowering tunity to families through education	g families to break cycles of povert	, ,	and abuse Lun	d offer	s hope and
Governance	2	Check	this box ► if the organization di	scontinued its operations or dispos	ed of more t	than 25% of its	net as	sets
	3	Numb	er of voting members of the govern	ing body (Part VI. line 1a)			з	22
Activities &	ı		er of independent voting members of				4	22
₩.	5	Total	number of individuals employed in o	calendar year 2013 (Part V, line 2	a)		5	191
ď	6	Total	number of volunteers (estimate if n	ecessary)			6	300
	ı		unrelated business revenue from P	, , , , , , , , , , , , , , , , , , , ,			7a	0
	Ь	Net u	nrelated business taxable income fi	rom Form 990-T, line 34	· · ·		7b	
		C 0.1	stubutions and suppts (Dout VIII III	no 4 h)		Prior Year 4,356,0	116	Current Year
ē	8		ntributions and grants (Part VIII, lii gram service revenue (Part VIII, li			3,508,5	_	3,722,951
Ravenue	10		estment income (Part VIII, column			27,1		15,193
2	11		er revenue (Part VIII, column (A),		·	90,9		145,840
	12		al revenue—add lines 8 through 11		, line			
	12		nts and similar amounts paid (Part			7,982,5	_	7,973,568
	13 14		nefits paid to or for members (Part I			111,1	.09	106,351
	15		aries, other compensation, employe					
Expenses		5 – 1	,			5,024,2	277	5,352,564
<u>a</u>	16a		fessional fundraising fees (Part IX,		· ·			0
ភ	b		I fundraising expenses (Part IX, column (D)		_			1 222 152
	17 18		er expenses (Part IX, column (A), l al expenses Add lines 13–17 (mu:			1,872,4 7,007,8	_	1,928,458
	19		renue less expenses Subtract line			974,7		7,387,373 586,195
Net Assets or Fund Balances						jinning of Curre Year	_	End of Year
esse Base	20	Tot	al assets (Part X, line 16)			12,642,1	88	12,399,856
2 E	21		al liabilities (Part X, line 26)			7,266,5		6,437,377
	22		assets or fund balances Subtract	line 21 from line 20		5,375,6	525	5,962,479
Unde my k prepa	nowle arer h	alties dge ar as any	gnature Block of perjury, I declare that I have example to the second belief, it is true, correct, and complete the second co					
Her	C		arbara Rachelson Executive Director ype or print name and title					
		15	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid	d		Stephen C Love CPA Firm's name Love Cody & Company	, CDAc DC		self-employed	P00035	5205
	pare	er	Times hame F Love Cody & Company	CPAS PC		Firm's EIN 🟲		
	On		Firm's address > PO Box 319			Phone no (802	442-5	552

Bennington, VT 052010319

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

✓ Yes No

orm 9	(2013)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	efly describe the organization's mission	
und one for Friends or Fried or Friedds or F	nd and History Lund's mission is to help children thrive by empowering families by breaking cycles of poverty, addiction and is hope and opportunity to families through education, treatment, family support and adoption. Founded in 1890, as a materiunwed mothers, Lund has evolved to meet community human service needs in Vermont. Our name too has evolved from the less Women" to the "Elizabeth Lund Home" and more recently "Lund". Lund is the largest and oldest private non-profit adoptions, having finalized more than 9,000 adoptions since 1890. Lund has been for many years the only comprehensive, it is residential treatment program in the State of Vermont for women who are pregnant and parenting, where they are not separately of the years, Lund staff members have received a number of national, regional and local awards distinguisheir service to the community. The foundation	nity "Home otion arated
1	the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ?	No
	Yes," describe these new services on Schedule O	
!	the organization cease conducting, or make significant changes in how it conducts, any program vices?	No
_	Yes," describe these changes on Schedule O	
	scribe the organization's program service accomplishments for each of its three largest program services, as measured by enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others total expenses, and revenue, if any, for each program service reported.	,
4a	ode) (Expenses \$ 2,792,356 including grants of \$) (Revenue \$)	
	nd provides comprehensive, gender-specific residential and outpatient treatment to families affected by substance abuse disorders and mental health use Through Lund's Residential Treatment Program 79 mothers and 90 children engaged in gender-specific, family-centered substance abuse and ment atment Additionally, 168 mothers and family members benefited from SA & MH treatment in the community 100% of babies born at Lund were free obstances, and were of normal gestation period and birth weight	
4b	ode) (Expenses \$ 2,267,578 including grants of \$) (Revenue \$ 122,889)	
	Independent provides a continuum of Family Support and Education Services. The Early Childhood Education Program stimulates crucial early brain development at a smootes school readiness. The New Horizons Educational Program is a state approved education program for pregnant or parenting young women. Lunds provide services increase parents capacity to provide for their children, foster social and emotional competence and promote healthy relationships. Lund's provide increase parents capacity to provide for their children, foster social and emotional competence and promote healthy relationships. Lund's provide and services in the community. Our Early Childhood Program serves a population with a high level of needs. 84% live in poverty and are at risk glect and school failure, 71% live in single, female-headed families, and 6% live in English language learner families. Our New Horizons Education Program school completion and postsecondary readiness to 48 pregnant and parenting teens and young women. In New Horizons, 7 culminated their mool careers, receiving their High School Diploma, 16 lower grade level mothers transitioned successfully back to their sending schools or other education of grams, and 85% of the young mothers made academic progress during the year 118 families benefited from family education and parenting skill develop the residency of the young mothers made academic progress during the year 118 families benefited from family education and parenting skill develop the young mothers made academic progress during the year 118 families benefited from family education and parenting skill develop the young mothers made academic progress during the year 118 families benefited from family education and parenting skill develop the young mothers made academic progress during the year 118 families benefited from family education and parenting skill develop the young mothers made academic progress during the year 118 families benefited from family education and financial assistance in the young family progress	s family Early to needed c of abuse, ram r high nal elopment in ce, seeking cal year, onal upport
4c	ode) (Expenses \$ 1,068,069 including grants of \$) (Revenue \$ 169,673)	
	nd's Adoption Program finalized adoptions for 197 children, including 169 children through Project Family which finds permanent homes for children in statedy living in foster care or residential environments Lund's Adoption Program is committed to finding children permanency in the least possible time 6 object Family adoptions were finalized in under 24 months from when the child enters state custody. The average age of children entering state custody are other results of the Adoption Program at Lund were 23 infants were adopted into permanent families. Lund also provided options counseling to 81 others and conducted 62 home studies 77 families benefited from lifelong post-permanence services statewide 1,230 individuals benefited from Search union services.	2% of ıs 4 5 bırth
4d	ther program services (Describe in Schedule O)	
	xpenses \$ including grants of \$) (Revenue \$)	

6,128,003

Total program service expenses ▶

art TV	Check	list 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	1	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🐿	2	Yes	
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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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	11b		No
С	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	11c		Νo
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	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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)	17		No
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	18	Yes	
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	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2013)

ŒΙ	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10		162	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
ь	by this return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Νo
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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			
īa.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
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			
c	Enter the amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule C	contains a response or note to any line in this Part VI	7

<u> 5</u> e	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reveni	ie Cod	e)
				c.,
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No No

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Lorei Dawson 76 Glen Road Burlington, VT 054064009 (800)639-1741

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

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

1a Complete this table for all persons required to be listed 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, or 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage	Pos	ition	(C)	not	chec	k	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list	more				c, unle 1 offic		compensation from the	compensation from related	amount of other
	any hours				or/tr	ustee	e)	organization	organizations	compensation
	for related	25	_	Ω	조	밀포	Ţ	(W- 2/1099-	(W- 2/1099-	from the
	organizations below	슬름	Institutional	Office	in the	룺		MISC)	MISC)	organization and related
	dotted line)	[꽃류	iit i	<u></u>	훙	ညည်း	왁			organizations
		Individual trustee or director) Nal		Key employee	Highest compensated employee				
			Ŧ		Ď	필				
		α·	Trustee			15 14				
			Ů			èd				
(1) Lucy Abair	2 00	×						0	0	0
Trustee	0 00							U	0	0
(2) Lynn Brennan	4 00	×		x				0	0	0
Vice President	0 00							Ŭ	0	
(3) Jane Bryan	2 00	×						0	0	0
Trustee	0 00							Ŭ		
(4) Sara Byers	4 00	x		×				0	0	0
President	0 00							ŭ		
(5) Matthew Carter	4 00	l x		x				0	0	0
Treasurer	0 00							ŭ ,		
(6) Christopher Curtis	2 00	l x						0	0	0
Trustee	0 00								_	
(7) TJ Donovan	2 00	×						0	0	0
Trustee	0 00									
(8) Maurine Gilbert	2 00	×						0	0	0
Trustee	0 00									
(9) Katie Halsey	2 00	x						0	0	0
Trustee	0 00									
(10) Heidi Kelley	2 00	x						0	0	0
Trustee	0 00				_		-			
(11) Jeanne B Kennedy	2 00	x						0	0	0
Trustee (12) Barbara Lande	0 00						_			
(12) Barbara Lande	2 00	×						0	0	0
Trustee (12) Frank Los	0 00									
(13) Emily Lee	4 00	×		х				0	0	0
Secretary (14) Large MacKinnan	0 00									
(14) Larry MacKinnon	2 00	×						0	0	0
Trustee (15) Allegra Miller	0 00						-			
	2 00	x						0	0	0
Trustee (16) Susan Nostrand	0 00				_		\vdash			
	2 00	×						0	0	0
Trustee (17) Karen Paul	2 00									
		×						0	0	0
Trustee	0 00									Form 990 (2013)

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

(A) Name and Title		(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimate amount of compensa from th		ther ion
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and	anizati I relate nizatio	ed
(18)	Lisa Pizzagalli	2 00	×						0				0
	President Stephanie Miller Reiskin	0 00											
. ,	·	2 00	×						0		o		0
Truste (20)	ee William Rowe	2 00											
Trust		0 00	Х						0		o		0
	Eileen Simollardes	2 00											
Trust	ee	0 00	×						0		0		0
(22)	Paulette Thabault	2 00	,,										
Mem	ber at Large	0 00	Х						0		0		0
(23)	Barbara Rachelson	40 00				l x			121,120				4,155
Execu	utive Director	0 00							,				
1b	Sub-Total					l	<u> </u>						
c	Total from continuation sheets to Pa	rt VII. Section A			•		. ⊢						
d							. ⊦⊢		121,120				4,155
2	Total number of individuals (including \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than	l			
											Ye	s 1	 No
3	Did the organization list any former of	ficer, director or	truste	e, key	/ em	nplo	yee, o	r hıg	hest compensate	d employee	1.5	- .	
	on line 1a? If "Yes," complete Schedule			•						3	;	١ ١	10
4	For any individual listed on line 1a, is organization and related organizations individual									om the			 lo
5	Did any person listed on line 1a receiv	e or accrue com	pensat	ion f	rom	anv	unrel	ated	l organization or ii			+	
	services rendered to the organization								_	5	;	١ ١	10
											•	•	
	ection B. Independent Contract									+100000			
1	Complete this table for your five higher compensation from the organization F											ear	
		(A)								(B)		(C)	
Reinh	Name and nart Foodservice 32 Thompson Drive Essex VT 05	business address 452							Description Descri	on of services	Com	ipensati 184	on 1,615
	,												
											1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 1

Part V		Statement o	ule O contains a respoi	nse or note to any lii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>2</u> 2	1a	Federated cam	paigns 1a	110,769				
Grants	ь	Membership du	es 1b					
Ę,	c	Fundraising eve	ents 1c					
Giffs, nilar An	d	Related organiz	zations 1d					
S, G m∷	e	Government grant	s (contributions) 1e	2,489,240				
Contributions, Gifts, Grants and Other Similar Amounts	f	sımılar amounts no		1,122,942				
i i	g	Noncash contributi 1a-1f \$	ons included in lines					
Cor	h	Total. Add lines	s 1a-1f	🗼	3,722,951			
				Business Code				
Program Serwoe Revenue	2a	Adoption fees & sr	vcs		169,673	169,673		
æ	ь	Childcare fees	_		122,889	122,889		
AC e	С	State program svc	grants		3,797,022	3,797,022		
Ser	d							
Ē	e	A.II. a.b.b. a.u. a.u.a.						1
į.	f	All other progra	am service revenue					
	g		s 2a-2f		4,089,584			
	3	and other simil	ome (including dividen ar amounts) stment of tax-exempt bond	•	23,182			23,182
	4 5	Royalties		proceeds •	0			
		,	(ı) Real	(II) Personal				
	6a	Gross rents	18,930					
	Ь	Less rental expenses						
	С	Rental income or (loss)	18,930					
	d	Net rental inco	me or (loss)		18,930			18,930
		Gross amount	(ı) Securities	(II) Other				
	7a	from sales of assets other than inventory	523,625					
	ь	Less cost or other basis and	F21 614					
		sales expenses	531,614					
	C d	Gain or (loss)	-7,989		-7,989	-7,989		
	8a		rom fundraising		,,,,,,	,,,,,,		
Other Revenue		events (not inc \$						
В		See Part IV, lir	ne 18 a	400.055				
je r	ь	Less direct ex	penses b	138,966 21,677				
ᅙ	С		(loss) from fundraising		117,289			117,289
	9a		rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	c		(loss) from gamıng actı		0			
	10a	Gross sales of returns and allo						
	Ь	Less cost of a	oods sold b					
		_	(loss) from sales of inv	entory	0			
		Miscellaneou	s Revenue	Business Code				
	11a	Miscellaneous			9,621			9,621
	b							
	C	Λ II -+h - · · · ·						
	d e	All other reven Total. Add lines	ue s 11a-11d	🕨				
					9,621			
	12		See Instructions .	•	7,973,568	4,081,595		169,022

	,	
Part IX	Statement of Functional Expenses	
Section 50	1(c)(3) and $501(c)(4)$ organizations must complete all columns	All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, b, 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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	106,351	106,351		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	121,120		121,120	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,191,696	3,600,140	348,661	242,895
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,391	30,035	2,816	1,540
9	Other employee benefits	631,918	551,873	51,737	28,308
10	Payroll taxes	373,439	326,136	30,575	16,728
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting	26,630	2,022	24,608	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	193,066	25,452	140,456	27,158
12	Advertising and promotion	0	,	,	· · · · · · · · · · · · · · · · · · ·
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,152,881	1,002,361	56,814	93,706
17	Travel	124,577	122,644	627	1,306
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	12,267	8,813	1,550	1,904
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	5,077		5,077	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Supplies	252,388	243,823	5,274	3,291
b	Dues and subscriptions	51,392	27,744	19,873	3,775
c	Telephone	38,745	34,851	2,891	1,003
d	Miscellaneous	37,506	15,239	-16,034	38,301
е	All other expenses	33,929	30,519	1,679	1,731
25	Total functional expenses. Add lines 1 through 24e	7,387,373	6,128,003	797,724	461,646
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
		I			

Part X Balance Sheet

FG	T X	Check if Schedule O contains a response or note to any line in	this Pa	art X				
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			740,960	1	879,682	
	2	Savings and temporary cash investments			146,651	2	157,356	
	3	Pledges and grants receivable, net			1,102,130	3	887,356	
	4	Accounts receivable, net			394,297	4	477,916	
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	art II o	of		5	0	
Assets	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employe and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions) Complete Part II of Schedule L					
82	7	Notes and loans receivable, net				6 7	0	
₹	8	Inventories for sale or use			15,060	8	14,604	
	9	Prepaid expenses and deferred charges			35,169		49,963	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	i	11,296,321	55,100		10,000	
	ь	Less accumulated depreciation	10b	2,293,365	9,292,061	10c	9,002,956	
	11	•	ments—publicly traded securities					
	12	Investments—other securities See Part IV, line 11			12	0		
	13	Investments—program-related See Part IV, line 11				13	0	
	14	Intangible assets			101,367	14	97,621	
	15	Other assets See Part IV, line 11			,	15	0	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			12,642,188	16	12,399,856	
	17	Accounts payable and accrued expenses			377,973	17	409,311	
	18	Grants payable			,	18		
	19	Deferred revenue			21,925	19	6,429	
	20	Tax-exempt bond liabilities			3,692,688	20	3,581,730	
	21	Escrow or custodial account liability Complete Part IV of Sche			3,002,000	21	3,55.,.55	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr			21		
Liabiliti		persons Complete Part II of Schedule L			1,378,970	22	686,210	
ï	23	Secured mortgages and notes payable to unrelated third partie			1,795,007	23	1,753,697	
	24	Unsecured notes and loans payable to unrelated third parties				24	<u> </u>	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ted th rt X of	rd parties, Schedule		25		
	26	D			7,266,563	26	6,437,377	
<u>پ</u>	20	Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.			1,200,000	20	0,437,377	
Fund Balance	27	Unrestricted net assets			4,971,546	27	5,564,899	
<u>छ</u>	28	Temporarily restricted net assets		• •	131,162	28	124,663	
<u> </u>	29	Permanently restricted net assets			272,917	29	272,917	
Ĭ	29	·			272,317	29	272,317	
		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere F	j and				
ō	30	Capital stock or trust principal, or current funds	_			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
25.5	32	Retained earnings, endowment, accumulated income, or other f		·		32		
Net /	33	Total net assets or fund balances			5,375,625	33	5,962,479	
ž	34	Total liabilities and net assets/fund balances			12,642,188	34	12,399,856	
		rotal habilities and net assets/land balances	• •	• •	12,042,100	J-4	12,000,000	

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,9	973,568
2	Total expenses (must equal Part IX, column (A), line 25)	2 7,33		387,373	
3	Revenue less expenses Subtract line 2 from line 1			86,195	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,3	375,625
5	Net unrealized gains (losses) on investments	5			659
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,9	962,479
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	he 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a	Yes	
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		3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131006225

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of	the	orga	anizat	tion
und Fa	amıl	v Ce	nter	Inc	

Employer identification number

03-0179434

Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıons	must comp	olete this p	art.) See ır	structions.	ı	
Γhe	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo)×)			
1	Г	A chur	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in s e	ection 170(b)(1)(A)(i).			
2	\sqcap	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)					
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).			
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the	
_	_			ty, and state								
5	ı	_	•	erated for the benefi	_	or universit	ty owned or o	perated by a	i government	al unit desc	ribed in	
_	_			A)(iv). (Complete P	•							
6	<u> </u>			, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Ization that normally receives a substantial part of its support from a governmental unit or from the general public								
7	ļ	_		at normally receives •n 170(b)(1)(A)(vi).		•	support from	a governme	ntal unit or fr	om the gene	eral public	:
8	Г			described in sectior			nplete Part II)				
9	Ī		•				•	•	utions. meml	pership fees	. and aros	ss
	•	An organization that normally receives (1) more than 331/3% 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 331/3% of										
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less :	section 511	tax) from bu	sınesses	
		acquire	ed by the org	janızatıon after June	30,1975 S	ee section 5	509(a)(2). (C	omplete Par	tIII)	•		
10	\sqcap	Anorga	anization or	ganized and operated	d exclusively	to test for p	oublic safety	See section	509(a)(4).			
11	Γ	An orga	anızatıon org	ganized and operated	d exclusively	for the bene	efit of, to perf	orm the fund	tions of, or t	o carry out t	he purpo:	ses of
				y supported organiz						ee section 5 0	09(a)(3).	Check
				bes the type of supp b Type II c					_	n functions	lly into ar	ata d
e	_			ox, I certify that the					Гуре III - No			
-	'		_	on managers and otl	_		•		•	•	•	
			1509(a)(2)	,			, , , , , , , , , , , , , , , , , , , ,	- · · · · y · · · · · · ·				,
f			-	received a written de	etermination	from the IRS	S that it is a ⁻	Type I, Type	e II, or Type	III supportı	ng organı	zatio <u>n,</u>
			this box	2006, has the organi	ization accer	ted any dift	or contribution	on from any	of the			J
g			ng persons?	.000, nas the organi	ization accep	red any gne	or contribution	on nom any	or the			
		(i) A p	erson who d	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)		Yes	No
		and (111) below, the	governing body of th	e supported	organızatıor	۱۶			11g	(i)	
		(ii) A fa	amıly memb	er of a person descri	ıbed ın (ı) abo	ove?				11g((ii)	
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g(iii)	<u> </u>
h		Provide	the follown	ng information about	the supporte	ed organizati	ion(s)					
					Г		1		Т			
_	i) Nam suppoi		(ii) EIN	(iii) Type of organization	(iv) Is t organızatı		(v) Did you the organiz	•	(vi) Is t organizati			nount of etary
	rganiza			(described on	col (i) list		in col (i) o		col (i) orga		I	port
Organization				lines 1- 9 above	your gove		suppor	•	in the U			
				or IRC section	docume	nt?						
(see					T							
instructions))			Yes	No	Yes	No	Yes	No				
Tota	Ī								1			

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,857,810	2,710,922	3,008,414	4,356,016	3,722,951	19,656,113
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	311,979	3,534,609	3,491,171	4,153,492	4,936,957	16,428,208
3	Gross receipts from activities that are not an unrelated trade or business under section 513		153,143				153,143
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	6,169,789	6,398,674	6,499,585	8,509,508	8,659,908	36,237,464
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	40,640	30,655	78,507	58,570	87,938	296,310
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
_	amount on line 13 for the year Add lines 7a and 7b	40,640	30,655	78,507	58,570	87,938	296,310
8	Public support (Subtract line 7c from line 6)	10,010	30,033	7 5,557	35,370	07,330	35,941,154
Se	ction B. Total Support		l l	L			
	ndar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	in) ▶						
9	Amounts from line 6	6,169,789	6,398,674	6,499,585	8,509,508	8,659,908	36,237,464
Λ-	Grace income from interest						
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,073	47,270	27,712	24,875	23,182	150,112
l.Oa b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after	27,073	47,270	27,712	24,875	23,182	
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	27,073 27,073	47,270 47,270	27,712	24,875	23,182	
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the						150,112
ь с 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part		47,270				0 150,112 8,890
c 111	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	27,073	47,270 8,890	27,712	24,875	23,182	0 150,112 8,890 153,920
b c 111 12	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineck this box and stop here	27,073 27,026 6,223,888 for the organization	47,270 8,890 30,444 6,485,278 on's first, second,	27,712 39,515 6,566,812	24,875 28,385 8,562,768	23,182 28,550 8,711,640	0 150,112 8,890 153,920 36,550,386
b c 111 12	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineck this box and stop here Ction C. Computation of Publ	27,073 27,026 6,223,888 for the organization ic Support Pe	47,270 8,890 30,444 6,485,278 on's first, second,	27,712 39,515 6,566,812 third, fourth, or fi	24,875 28,385 8,562,768	23,182 28,550 8,711,640	150,112 8,890 153,920 36,550,386
b c 111 12 13 14 Se	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fencek this box and stop here ction C. Computation of Puble	27,026 6,223,888 for the organization ic Support Per (line 8, column (1)	47,270 8,890 30,444 6,485,278 on's first, second, ercentage f) divided by line	27,712 39,515 6,566,812 third, fourth, or fi	24,875 28,385 8,562,768	23,182 28,550 8,711,640	150,112 8,890 153,920 36,550,386
b c 111 112 113 114 See 115	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineck this box and stop here Ction C. Computation of Publ	27,026 6,223,888 for the organization ic Support Per (line 8, column (1)	47,270 8,890 30,444 6,485,278 on's first, second, ercentage f) divided by line	27,712 39,515 6,566,812 third, fourth, or fi	24,875 28,385 8,562,768	23,182 28,550 8,711,640 501(c)(3) organ	150,112 8,890 153,920 36,550,386
b c 111 12 13 14 Se 15 16 Se	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineted this box and stop here ction C. Computation of Public support percentage from 201 Ction D. Computation of Investigation.	27,073 27,026 6,223,888 for the organization ic Support Per (line 8, column (1) 2 Schedule A, Par estment Incomp	47,270 8,890 30,444 6,485,278 on's first, second, ercentage f) divided by line art III, line 15 me Percentage	27,712 39,515 6,566,812 third, fourth, or fi	24,875 28,385 8,562,768 fth tax year as a	23,182 28,550 8,711,640 501(c)(3) organ	150,112 8,890 153,920 36,550,386 nization,
b c 111 12 13 14 Se 15 16 Se	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Puble Public support percentage from 2013	27,073 27,026 6,223,888 for the organization ic Support Per (line 8, column (1) 2 Schedule A, Par estment Incomp	47,270 8,890 30,444 6,485,278 on's first, second, ercentage f) divided by line art III, line 15 me Percentage	27,712 39,515 6,566,812 third, fourth, or fi	24,875 28,385 8,562,768 fth tax year as a	23,182 28,550 8,711,640 501(c)(3) organ	150,112 8,890 153,920 36,550,386 nization,
c 111 12 13 14 Se 15	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineted this box and stop here ction C. Computation of Public support percentage from 201 Ction D. Computation of Investigation.	27,026 6,223,888 for the organization ic Support Per (line 8, column (1) 2 Schedule A, Pa estment Income 2013 (line 10c, co	47,270 8,890 30,444 6,485,278 on's first, second, ercentage f) divided by line art III, line 15 me Percentage foliumn (f) divided by	27,712 39,515 6,566,812 third, fourth, or fill 13, column (f)) Je by line 13, column	24,875 28,385 8,562,768 fth tax year as a	23,182 28,550 8,711,640 501(c)(3) organ	8,890 153,920 36,550,386 nization, 98 330 % 98 410 %

33 1/3% support tests—2012. 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

Schedule A (Form 990 or 990-EZ) 2013

Part IV Supplemental Information. 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).								
	Facts And Circumstances Test							
Retu	ırn Reference	Explanation						
		Schodulo A / Form 0	000 er 000 E7) 201					

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493131006225

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Na	Section 501(c)(4), (5), or (6) organization	anizationo complete i arciii		Employer	iden	t if ica	tion numb	er
Lun	d Family Center Inc			03-0179	424			
Par	t I-A Complete if the or	ganization is exempt under s	section 501(org	anizatio	n.
1		ganızatıon's dırect and ındırect politic		-		_		
2	Political expenditures	gamzation o an est and maneet points	ar campaign acc	.v.a.e.v. ▶-		\$		
3	Volunteer hours			·		¥ <u>—</u>		
		ganization is exempt under s			_			
1	·	e tax incurred by the organization unc			-	\$ <u></u>		
2	Enter the amount of any excise tax incurred by organization managers under section 4955				•	\$		
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?				☐ Yes	✓ No
4a	Was a correction made?						☐ Yes	✓ No
b	If "Yes," describe in Part IV							
		ganization is exempt under			1 <u>50</u>	1(c)	(3).	
1	, .	ended by the filing organization for se	·		•	\$ <u> </u>		
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to otl	her organizations	for section 527	+	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b							
4	Did the filing organization file Form 1120-POL for this year?						┌ Yes	┌ No
5	organization made payments l amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fro irectly delivered	m the filing organization to a separate political	on's f orga	funds inizati	Also ente	rthe
	(a) Name	(b) Address	(c) EIN	(d) A mount paid fr filing organization funds If none, enter	's	cor dir	Amount on the stributions and promption of the stribution of the s	received tly and ered to a olitical If none,

Sch	hedule C (Form 990 or 990-EZ) 2013					Page 2
P	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Donk IV an			a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
		1.6				
_	Grassroots nontaxable amount (enter 25% of lir	•				
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thre	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

	t II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				age J
For ea	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a) 	l .	(b)	
activ	rty.	Yes	No	1	\mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		l			
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	1		
C	Media advertisements?		Νo	1		
d	Mailings to members, legislators, or the public?	Yes				
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Νo			
j	Total Add lines 1c through 1i		_			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		_			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5), (or s		n
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	04/		3		
Fall	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	rt IV Supplemental Information					
Pro	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group t II-B, line 1 Also, complete this part for any additional information	list),	Part II	:-A,I	ıne 2,	and
	Return Reference Explanation					
	II-B, Line 1i - Other Activities Lund Family Center has a registered lobbyist with the State of Vermont, J Associates Jeanne provided pro bono lobbying services for Lund While t legislation that Lund was trying to influence, Jeanne Kennedy provided into and Executive Director on bills that would have an impact on Lund's clien also provided information to legislators about Lund's services	here v forma	was not tion to l	spec und'	ıfıc s Boaı	

201124416 3 (1 31111 333 31 333 12) 2313		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	
l		

Schedule D (Form 990) 2013

DLN: 93493131006225

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Supplemental Financial Statements

Open to Public

	me of the organization		Emr	oloyer ident if icat	tion number	er er
	d Family Center Inc			•	cion numbe	-1
Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar		0179434 or Accounts.	Comple	te if the
	organization answered "Yes" to Form 990, F	Part IV, line 6.				
	_	(a) Donor advised funds		(b) Funds and o	theraccou	ınts
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)		_			
ŀ	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors funds are the organization's property, subject to the orga	-	onor adv	ısed	┌ Yes	┌ No
i	Did the organization inform all grantees, donors, and don- used only for charitable purposes and not for the benefit conferring impermissible private benefit?	_ _			┌ Yes	┌ No
Pai	t II Conservation Easements. Complete if the	ne organization answered "Yes'	" to Forr	n 990, Part IV	, line 7.	
2	Purpose(s) of conservation easements held by the organ Preservation of land for public use (e g , recreation or Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a q	Preservation of Preservation of	a certifie	d historic struct	cure	
	easement on the last day of the tax year			_		
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic	• •	2c			
d	Number of conservation easements included in (c) acquirely historic structure listed in the National Register		2d			
	Number of conservation easements modified, transferred	l, released, extinguished, or termina	ated by t	he organization o	during	
	the tax year ▶					
	Number of states where property subject to conservation	n easement is located ►				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	e periodic monitoring, inspection, ha	andling o	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspecti	ing, and enforcing conservation eas	ements	during the year		
	A mount of expenses incurred in monitoring, inspecting, a	and enforcing conservation easeme	nts durın	a the vear		
	▶ \$	5		,		
	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(II)?	above satisfy the requirements of s	ection 1	70(h)(4)(B)(ı)	☐ Yes	┌ No
	In Part XIII, describe how the organization reports consobalance sheet, and include, if applicable, the text of the f the organization's accounting for conservation easement	ootnote to the organization's financ				
ar	TIII Organizations Maintaining Collections Complete if the organization answered "Yes		s, or Ot	her Similar A	Assets.	
a	If the organization elected, as permitted under SFAS 116 works of art, historical treasures, or other similar assets service, provide, in Part XIII, the text of the footnote to i	held for public exhibition, educatio	n, or rese	earch in furthera		
b	If the organization elected, as permitted under SFAS 116 works of art, historical treasures, or other similar assets service, provide the following amounts relating to these i	5 (ASC 958), to report in its revenu held for public exhibition, educatio	ıe staten	nent and balance		lıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historical following amounts required to be reported under SFAS 11					
a	Revenues included in Form 990, Part VIII, line 1			▶ - ¢		
b				· +		
_	Assets included in Form 990, Part X			F -\$		

Part	Organizations Maintaining Co	llections of Art, F	listori	cal Tre	asu	res, or Othe	r Similar Asse	ets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	check			_	-	fits
а	Public exhibition	•	d $ egt$	Loan or	rexc	hange programs	5	
b	Scholarly research	•	e 厂	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how the	y further	the o	organization's e	xempt purpose in	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than it							Yes
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered "\	es" to Form 990	Ο,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other assets		Yes
b	If "Yes," explain the arrangement in Part XI	I and complete the fol	lowing	able				
							Amo	unt
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	1?				Г	Yes
b	If "Yes," explain the arrangement in Part XI	II Check here if the ex	planatı	on has b	een p	provided in Part	XIII	Г
Pai	rt V Endowment Funds. Complete							
		(a)Current year	(b) Prior	year I	b (c) ⊺	wo years back (d)Three years back (e)Four years back
1a	Beginning of year balance	272,917		272 047				
b	Contributions			272,917				
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance	272,917		272,917				
2	Provide the estimated percentage of the cur	rent year end balance	(lıne 1g	, column	(a))	held as		
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment ► 100 000 %							
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organization	on that	are held	and a	dmınıstered for	the	
	organization by						2-(:)	Yes No
	(i) unrelated organizations(ii) related organizations						3a(i) 3a(ii)	No No
ь	If "Yes" to 3a(II), are the related organization		n Sched	· · · dule R?	٠.		3b	l No
4	Describe in Part XIII the intended uses of the	•						<u> </u>
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		orgar	nization	ansv	wered 'Yes' to	Form 990, Part	IV, line
	Description of property			Cost or o		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a l	_and					233,177	,	233,177
	Buildings					10,268,637		8,521,448
	_easehold improvements					• •		· ·
c l							1	
	Equipment					168,898	165,254	3,644
d E	O. b. L					168,898 625,609		3,644 244,687

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

Раги		Revenue per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line :		ts with Revenue	per ĸ	teturn Complete if
1		er support per audited financial statements			1	7,995,904
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments	2a	659		
b	Donated services and use of t	facilities	2b			
C	Recoveries of prior year grant	······································	2c			
d	Other (Describe in Part XIII))	2d	21,677		
e	Add lines 2a through 2d				2e	22,336
3	Subtract line 2e from line 1 .				3	7,973,568
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII))	4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	12)		5	7,973,568
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts With Expense	s per	Return. Complete
1		raudited financial statements			1	7,409,050
2	Amounts included on line 1 bu	ut not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII)		2d	21,67	7	
e	Add lines 2a through 2d				2e	21,677
3	Subtract line $\bf 2e$ from line $\bf 1$.				3	7,387,373
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, lir	ne 18)		5	7,387,373
Part	XIII Supplemental In	formation				
Part \		r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
	Line 4 Intended uses of the nent fund	To be maintained in perpetuity in order to organization's programs	provide	investment income fo	use ir	n supporting the
amoun	, Line 2d Other revenue ts included in F/S but not d on form 990	Special Event costs are F/S expenses \$2	1677			
	I, Line 2d Other expenses ses per audited F/S	Special Event costs are F/S expenses \$2:	1677			

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493131006225

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Lund Family Center Inc					_	Employer iden	tification number
Edita Family Center The						03-0179434	
Part I Fundraising Act Form 990-EZ filers				on answered "Yes" part.	to Form	າ 990, Part IV	, line 17.
1 Indicate whether the organ	ızatıon raısed funds t	through a	ny of the 1	following activities Ch	eck all tl	nat apply	
a Mail solicitations			e	Solicitation of nor	n-govern	ment grants	
b Internet and email soli	cıtatıons		f	Solicitation of gov	vernmen	t grants	
c Phone solicitations			g	Special fundraising	ng event	S	
d In-person solicitations							
2a Did the organization have a or key employees listed in							Γ _{Yes}
b If "Yes," list the ten highes to be compensated at least			fundraıse	rs) pursuant to agreem	ents und	der which the fu	ndraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
-							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			<u>▶</u>				
3 List all states in which the registration or licensing	organization is regist	tered or li	censed to	ı) solicit contributions c	r has be	en notified it is	exempt from

Sche	dule	G (Form 990 or 990-EZ) 2013				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
		evente mai grees reserpte g	(a) Event #1 Heart of the	(b) Event #2 Bike Ride	(c) O ther events	(d) Total events (add col (a) through col (c))
			Community (event type)	(event type)	(total number)	COI (C)
Revenue	1	Gross receipts	76,25	62,715	5	138,966
Rev	3	Less Contributions Gross income (line 1				
		minus line 2)	76,25	62,715	5	138,966
	4 5	Cash prizes Noncash prizes				
nses	6	Rent/facility costs				
Expenses	7	Food and beverages .	8,364	1		8,364
Direct	8	Entertainment		450		450
à	9	Other direct expenses .	770	12,093	3	12,863
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		(21,677)
	11	Net income summary Subtract li	ne 10 from line 3, columr	(d)	🟲	117,289
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	ganızatıon answered ne 6a.	"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>동</u>	1	Gross revenue				
enses	2	Cash prizes				
xpen	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	Г Yes%_ Г No	Г Yes%_ Г No	☐ Yes % No	
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)		
9	Ent	er the state(s) in which the organiza	ition operates gaming ac	tivities		
а		the organization licensed to operate				Г _{Yes} Г _{No}
b	If"I	No," explain				
10a b		re any of the organization's gaming l	icenses revoked, susper	nded or terminated during	the tax year?	

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	T Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u>I</u>	<u> </u>		rm 990 or 990-	7) 2012

DLN: 93493131006225

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public **Inspection**

✓ Yes ☐ No

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Lund Family Center Inc Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Employer identification number 03-0179434

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Family assistance	171	28,457			
(2) Residential treatment program	191	70,716			
(3) Job training	17	1,490			
(4) Respite	14	5,688			

Part IV	Supplemental Informat	tion. Provide the infor	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.
					· · · · · · · · · · · · · · · · · · ·	·

Return Reference

Explanation

Schedule I (Form 990) 2013

DLN: 93493131006225

OMB No 1545-0047

2013

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions,

> explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Employer identification number Name of the organization Lund Family Center Inc 03-0179434 **Bond Issues**

	(a) Issuer name	name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of ıssuer		(i) Pool financing		
						Yes	No	Yes	No	Yes	No
A	Vermont Economic Developm	03-6024497	04-01-2007	3,200,000	construction of building		х		X		Х
В	Vermont Economic Developm	03-6024497	04-01-2007	1,000,000	construction of building		х		Х		Х

В	Vermont Economic Developm	03-6024497	04-01-2007	1,000,000 cons	truction of building	X	X X
Pa	rt III Proceeds			•		•	
				Α	В	С	D
1	Amount of bonds retired						
2	A mount of bonds legally defea	sed					
3	Total proceeds of issue			3,200,000	934,028		
4	Gross proceeds in reserve fun	ds					
5	Capitalized interest from proce	eeds					
6	Proceeds in refunding escrows	5					
7	Issuance costs from proceeds	3					
8	Credit enhancement from proc	eeds					
9	Working capital expenditures f	from proceeds					
10	Capital expenditures from prod	ceeds					
11	Other spent proceeds						
12	Other unspent proceeds						
12	Year of substantial completion	1					

13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		Х		Х				
15	Were the bonds issued as part of an advance refunding issue?		х		Х				
16	Has the final allocation of proceeds been made?	Х		Х					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х					
Dar	+ IIII Private Rusiness Use								

Part	Private Business Use								
			4	ı	В		С	ı)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.			at No 5019	93E			Sch	nedule K (For	m 990) 2013

Par	Private Business Use (Continued)									_
			Α			В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private to food-financed property?	ousiness use								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
С	Are there any research agreements that may result in private business use financed property?	of bond-								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the financed									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government	y entities F				•				
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?									
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?									
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations : 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all nong bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage									
		Α			В		С		D	
		Yes	No	Yes	No	Y	Yes No		Yes	No
1	Has the Issuer filed Form 8038-T?									
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?									
b	Exception to rebate?									
c	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed		•	•	•	•	•	•		
3	Is the bond issue a variable rate issue?									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?									
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

Pa	rt IV Arbitrage (Continued)								•
	· •	А		В		C		D	,
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?								
7	Has the organization established written procedures to monitor the requirements of section 148?								
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

DLN: 93493131006225

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the or Lund Family Cent							E	mploy	er ident	ificatio	n numbe	r
Part I Exc	ess Benefit	Transac	tions (sect	tion 501(c)(3	3) and section	501(c)(4) c			79434 ns only)			
					0, Part IV, line						40b	
	e of dısqualıfı			nship betweer		(c) Desc					(d) Corr	ected?
			pers	on and organi	zation						Yes	No
	amount of tax	incurred by	organization	managers or	dısqualıfıed per	sons during th	ne year	undei	section	l		
4958 .							•	•	- \$			
3 Enterthe	amount of tax,	, if any, on li	ne 2, above,	reimbursed b	y the organization	on			- \$			
Part III Lo	ans to and	or Fron	1 Interest	ed Persons).							
					990-EZ, Part V	, line 38a, or l	orm 9	90, Pa	art IV, lii	ne 26, d	or if the	
		orted an am			line 5, 6, or 22							
(a) Name of	(b)	(c)	(d) Loan		(e)Original		(g) In		(h)		(i)Wri	
ınterested person	Relationshi with	p Purpose Ioan	of or from organizat		principal amount	due	defaul	τ,	A pprov	rea	agreem	ient?
person	organizatio		Jorgani Zac		dilloune				board			
									or .			
			T.					N-	commit	T	V	T NI-
(1) Duzza gallu	See Pt V	See Pt V	То ′ Х	From	2,497,093	686,210	Yes	No	Yes Yes	No	Yes Yes	No
(1) Pızzagallı Properties LLC	See Pt V	See Pt v	´ ^		2, 131, 033	333,213		No	res		res	
											_	
											_	
											_	
											_	
									<u> </u>		_	
Total		▶ \$				686,210						
Part III Gra	ants or Ass	sistance I	Benefitting	j Intereste	d Persons.		_					
					Form 990, Pa				. (.)	. D		
(a) Name of i			nship betwee person and th		nt of assistance	e (d) Type	orass	istanc	e (e)	Purpos	se of ass	istance
perso	"	-	nızatıon									
		<u> </u>										
						_						
						_						

Part IV Business Transactions In					
Complete if the organization	<u>n answered "Yes" on F</u>	<u> Form 990, Part IV, lın</u>	<u>e 28a, 28b, or 28c.</u>		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
				Yes	No
					·

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part V Supplemental	Part II, Relationship Business owned by family member of Trustee Part II, Purpose of loan Financing
Information	of building renovations

Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131006225

OMB No 1545-0047

2013

Open to Public
Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Lund Family Center Inc Employer identification number

03-0179434

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The Lund Family Center regularly and consistently monitors and enforces compliance with the Conflict of Interest Statement and Code of Ethics. This is done through direct Board communication at Board meetings. The Board routinely and as needed, reviews its established policies to determine their relevancy and currency.
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Lunds HR Consultant does analysis annually for market comparison. Salaries of all employee s, the Executive Director and key employees are determined taking into consideration marke. It data, including local nonprofit salary data, longevity with agency, education, and years of experience. The Executive Director approves the salary and salary adjustments of key employees and other employees taking into consideration. HR Consultant and HR recommendation and the Board of Trustees Executive Committee approves the salary adjustments of the Executive Director taking into consideration HR Consultant recommendations.
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Lund does not compensate its Officers
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Lund Family Center makes its governing documents, conflict of interest policy and fina noial statements available upon request. Financial statements consist of audited financial statements and Form 990