

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">OLD MILL CENTER FOR CHILDREN AND FAMILIES INC</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">1650 SW 45TH PLACE</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">CORVALLIS OR 97333</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">93-0722603</div> E Telephone number G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">2,852,585</div>
F Name and address of principal officer: <div style="border: 1px solid black; padding: 2px;">BETTINA SCHEMPF 1650 SW 45TH PLACE CORVALLIS OR 97333</div>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.OLDMILLCENTER.ORG		L Year of formation: <div style="border: 1px solid black; padding: 2px;">1977</div>
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		M State of legal domicile: <div style="border: 1px solid black; padding: 2px;">OR</div>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CENTER IS A COMMUNITY BASED FAMILY-ORIENTED CENTER HELPING CHILDREN AND FAMILIES OF DIVERSE BACKGROUNDS MAXIMIZE THEIR POTENTIAL THROUGH SPECIALLY DESIGNED EDUCATIONAL AND THERAPY PROGRAMS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<div style="border: 1px solid black; padding: 2px;">11</div>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<div style="border: 1px solid black; padding: 2px;">11</div>
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	<div style="border: 1px solid black; padding: 2px;">78</div>
	6 Total number of volunteers (estimate if necessary)	6	<div style="border: 1px solid black; padding: 2px;">225</div>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<div style="border: 1px solid black; padding: 2px;">0</div>
7b Net unrelated business taxable income from Form 990-T, line 38	7b	<div style="border: 1px solid black; padding: 2px;">0</div>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <div style="border: 1px solid black; padding: 2px;">782,181</div>	Current Year <div style="border: 1px solid black; padding: 2px;">768,564</div>
	9 Program service revenue (Part VIII, line 2g)	<div style="border: 1px solid black; padding: 2px;">1,636,795</div>	<div style="border: 1px solid black; padding: 2px;">1,806,342</div>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<div style="border: 1px solid black; padding: 2px;">206,925</div>	<div style="border: 1px solid black; padding: 2px;">43,981</div>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<div style="border: 1px solid black; padding: 2px;">14,063</div>	<div style="border: 1px solid black; padding: 2px;">19,162</div>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<div style="border: 1px solid black; padding: 2px;">2,639,964</div>	<div style="border: 1px solid black; padding: 2px;">2,638,049</div>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<div style="border: 1px solid black; padding: 2px;">5,299</div>	<div style="border: 1px solid black; padding: 2px;">15,976</div>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<div style="border: 1px solid black; padding: 2px;">0</div>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<div style="border: 1px solid black; padding: 2px;">2,148,706</div>	<div style="border: 1px solid black; padding: 2px;">2,218,499</div>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<div style="border: 1px solid black; padding: 2px;">0</div>
	b Total fundraising expenses (Part IX, column (D), line 25) u <div style="border: 1px solid black; padding: 2px;">113,718</div>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<div style="border: 1px solid black; padding: 2px;">413,949</div>	<div style="border: 1px solid black; padding: 2px;">495,769</div>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<div style="border: 1px solid black; padding: 2px;">2,567,954</div>	<div style="border: 1px solid black; padding: 2px;">2,730,244</div>
	19 Revenue less expenses. Subtract line 18 from line 12	<div style="border: 1px solid black; padding: 2px;">72,010</div>	<div style="border: 1px solid black; padding: 2px;">-92,195</div>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year <div style="border: 1px solid black; padding: 2px;">4,170,240</div>	End of Year <div style="border: 1px solid black; padding: 2px;">4,112,981</div>
	21 Total liabilities (Part X, line 26)	<div style="border: 1px solid black; padding: 2px;">265,380</div>	<div style="border: 1px solid black; padding: 2px;">278,097</div>
	22 Net assets or fund balances. Subtract line 21 from line 20	<div style="border: 1px solid black; padding: 2px;">3,904,860</div>	<div style="border: 1px solid black; padding: 2px;">3,834,884</div>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <div style="border: 1px solid black; padding: 2px;">BETTINA SCHEMPF</div>	Date <div style="border: 1px solid black; padding: 2px;">EXEC DIR</div>			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">ROBERT S BARRY</div>	Preparer's signature <div style="border: 1px solid black; padding: 2px;">ROBERT S BARRY</div>	Date <div style="border: 1px solid black; padding: 2px;">03/01/20</div>	Check <input type="checkbox"/> if self-employed PTIN <div style="border: 1px solid black; padding: 2px;">P00906596</div>	
	Firm's name } <div style="border: 1px solid black; padding: 2px;">TAX & WEALTH MANAGEMENT, LLP</div>	Firm's EIN } <div style="border: 1px solid black; padding: 2px;">37-1616301</div>			
	Firm's address } <div style="border: 1px solid black; padding: 2px;">2334 NW PROFESSIONAL DR CORVALLIS, OR 97330</div>	Phone no. <div style="border: 1px solid black; padding: 2px;">541-753-4185</div>			
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE CENTER IS A COMMUNITY BASED FAMILY-ORIENTED CENTER HELPING CHILDREN AND FAMILIES OF DIVERSE BACKGROUNDS MAXIMIZE THEIR POTENTIAL THROUGH SPECIALLY DESIGNED EDUCATIONAL AND THERAPY PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,029,108 including grants of \$ 12,730) (Revenue \$ 705,005)

PREVENTATIVE: THE HEALTHY FAMILIES PROGRAM AT OLD MILL CENTER PROMOTES AND SUPPORTS POSITIVE PARENTING AND HEALTHY GROWTH AND DEVELOPMENT FOR PARENTS AND THEIR NEWLY BORN CHILDREN. HEALTHY FAMILIES PROVIDES FREE HOME VISITING SERVICES AND RESOURCES TO HIGH RISK, FIRST TIME PARENTS TO PREVENT CHILD ABUSE.

THE CENTER'S RELIEF NURSERY IS A THERAPEUTIC EARLY CHILDHOOD PROGRAM FOR AT-RISK CHILDREN. COMPREHENSIVE EARLY INTERVENTION SERVICES INCLUDE A VARIETY OF PARENT EDUCATION OPTIONS, FAMILY STRENGTHENING AND PRESERVATION PROGRAMS, CRIMINAL INVOLVEMENT PREVENTION, SPECIAL EDUCATION, ADVOCACY, AND SUBSTANCE ABUSE ASSESSMENT, COUNSELING TREATMENT AND SUPPORT.

4b (Code:) (Expenses \$ 510,991 including grants of \$ 324) (Revenue \$ 400,382)

EDUCATIONAL: A UNIQUE PRESCHOOL MODEL SERVING CHILDREN WITH SPECIAL NEEDS ALONG SIDE THOSE WHO ARE TYPICALLY DEVELOPING. ONE OF A HANDFUL IN THE COMMUNITY ACHIEVING ACCREDITATION THROUGH THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC).

PSYCHIATRIC DAY TREATMENT. PROVIDES TREATMENT AND SUPPORT FOR PRESCHOOL AND SCHOOL AGED CHILDREN (3 -7) WITH EMOTIONAL AND BEHAVIORAL CHALLENGES AND THEIR FAMILIES.

4c (Code:) (Expenses \$ 874,918 including grants of \$ 2,922) (Revenue \$ 700,941)

CHILD, FAMILY AND GROUP COUNSELING: PROVIDES MENTAL HEALTH COUNSELING AND PSYCHIATRIC SERVICES TO CHILDREN AND FAMILIES WHO HAVE CONCERNS ABOUT MENTAL, EMOTIONAL OR BEHAVIORAL ISSUES. CHILDREN MAY SHOW DISTRESS THROUGH DEPRESSION, ANXIETY, SCHOOL FAILURE, SLEEP AND EATING DISORDER, THESE ISSUES MAY STEM FROM FAMILY VIOLENCE, DIVORCE, SEXUAL ABUSE, ABANDONMENT, PARENTAL ABUSE OR DRUGS OR ALCOHOL, AND FOSTER CARE PLACEMENT.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u** 2,415,017

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	11	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	78
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11													
b Enter the number of voting members included in line 1a, above, who are independent		11												
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?														X
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?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **u** OR

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records **u**
 EXECUTIVE DIRECTOR 1650 SW 45TH PLACE
 CORVALLIS OR 97333 541-757-8068

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE CUNIFF	2.00									
CHAIR	0.00	X		X				0	0	0
(2) TATIANA DIERWECHTER	2.00									
VICE CHAIR	0.00	X		X				0	0	0
(3) JIM STARKER	2.00									
TREASURER	0.00	X		X				0	0	0
(4) TAMMY MORRISON	2.00									
SECRETARY	0.00	X		X				0	0	0
(5) YAZMIN BRAMBILA	2.00									
DIRECTOR	0.00	X						0	0	0
(6) KATIE CHAMBERS	2.00									
DIRECTOR	0.00	X						0	0	0
(7) BRONWYN EVANS	2.00									
DIRECTOR	0.00	X						0	0	0
(8) CYREL GABLE	2.00									
DIRECTOR	0.00	X						0	0	0
(9) NICK HURLEY	2.00									
DIRECTOR	0.00	X						0	0	0
(10) LINDSAY MALACHOWSKI	2.00									
DIRECTOR	0.00	X						0	0	0
(11) MADDIE THOMPSON	2.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SID LASSWELL	2.00									
DIRECTOR	0.00	X						0	0	0
(13) JERRY DUERKSEN	2.00									
DIRECTOR	0.00	X						0	0	0
(14) DALE RAMSAY	2.00									
DIRECTOR	0.00	X						0	0	0
(15) BETTINA SCHEMPF	40.00									
EXEC DIR	0.00			X				83,986	0	1,233
1b Sub-total								83,986		1,233
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								83,986		1,233

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	184,101			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	584,463			
	g Noncash contributions included in lines 1a-1f: \$		99,006			
	h Total. Add lines 1a-1f	u	768,564			
Program Service Revenue	2a CLIENT SERVICES	Busn. Code 624100	1,806,342	1,806,342		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	1,806,342			
	3 Investment income (including dividends, interest, and other similar amounts)	u	46,790			46,790
4 Income from investment of tax-exempt bond proceeds	u					
5 Royalties	u					
Other Revenue	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.		84,258			
	c Gain or (loss)		86,928	139		
	d Net gain or (loss)	u	-2,670	-139		-2,670
	8a Gross income from fundraising events (not including \$ 184,101 of contributions reported on line 1c). See Part IV, line 18	a	109,431			
	b Less: direct expenses	b	102,741			
	c Net income or (loss) from fundraising events	u	6,690			6,690
	9a Gross income from gaming activities. See Part IV, line 19	a	37,200			
	b Less: direct expenses	b	24,728			
	c Net income or (loss) from gaming activities	u	12,472			12,472
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	u				
	Miscellaneous Revenue		Busn. Code			
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	2,638,049	1,806,203	0	63,282	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,976	15,976		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,074	55,604	27,462	2,008
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,476,558	1,367,190	44,011	65,357
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	520,254	480,623	20,802	18,829
10 Payroll taxes	136,613	124,944	5,463	6,206
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,400		10,400	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	58,294	47,942	9,647	705
12 Advertising and promotion	6,315	1,326	81	4,908
13 Office expenses	63,272	49,959	6,422	6,891
14 Information technology	50,937	46,017	2,508	2,412
15 Royalties				
16 Occupancy	88,288	61,287	25,082	1,919
17 Travel	30,252	30,016	236	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,332	32,643	642	47
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	100,095	59,352	37,973	2,770
23 Insurance	23,073	15,080	7,448	545
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.)				
a FEES	11,886	7,491	3,329	1,066
b CONTRACTIONAL ADJUSTMENTS	10,610	10,610		
c FOOD AND MEALS	9,015	8,957	3	55
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,730,244	2,415,017	201,509	113,718
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	20	1	255
	2 Savings and temporary cash investments	488,899	2	447,792
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	197,507	4	267,964
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	842	8	590
	9 Prepaid expenses and deferred charges	25,085	9	6,686
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,807,163		
	b Less: accumulated depreciation	10b 1,507,447		
		2,382,802	10c	2,299,716
	11 Investments—publicly traded securities	1,000,030	11	1,052,628
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	75,055	15	37,350	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,170,240	16	4,112,981	
Liabilities	17 Accounts payable and accrued expenses	265,380	17	278,097
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	265,380	26	278,097
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,361,047	27	3,319,097
	28 Temporarily restricted net assets	57,375	28	28,243
	29 Permanently restricted net assets	486,438	29	487,544
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,904,860	33	3,834,884
34 Total liabilities and net assets/fund balances	4,170,240	34	4,112,981	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,638,049
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,730,244
3	Revenue less expenses. Subtract line 2 from line 1	3	-92,195
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,904,860
5	Net unrealized gains (losses) on investments	5	22,219
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	3,834,884

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)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.

u Attach to Form 990 or Form 990-EZ.**u Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018**Open to Public
Inspection**Name of the organization
**OLD MILL CENTER FOR CHILDREN
AND FAMILIES INC**Employer identification number
93-0722603**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	578,644	634,286	639,627	782,181	768,564	3,403,302
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	578,644	634,286	639,627	782,181	768,564	3,403,302
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)						937,925
6 Public support. Subtract line 5 from line 4						2,465,377

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	578,644	634,286	639,627	782,181	768,564	3,403,302
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,553	39,599	28,946	52,243	46,790	183,131
9 Net income from unrelated business activities, whether or not the business is regularly carried on	11,705			14,063	19,162	44,930
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3,631,363
12 Gross receipts from related activities, etc. (see instructions)					12	7,881,070

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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	67.89 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

Public Disclosure Copy

Schedule B**(Form 990, 990-EZ,
or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

Name of the organization

OLD MILL CENTER FOR CHILDREN
AND FAMILIES INC

Employer identification number

93-0722603

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- $\frac{1}{3}$
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

OLD MILL CENTER FOR CHILDREN

Employer identification number

93-0722603

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 37,788	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 41,831	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 28,535	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 37,395	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

OLD MILL CENTER FOR CHILDREN

Employer identification number

93-0722603

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

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

OMB No. 1545-0047

2018**Open to Public
Inspection****Name of the organization**OLD MILL CENTER FOR CHILDREN
AND FAMILIES INC**Employer identification number**

93-0722603

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u**

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u** \$

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 **u** \$

(ii) Assets included in Form 990, Part X **u** \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 **u** \$

b Assets included in Form 990, Part X **u** \$

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	486,438	483,404	477,559	198,650	178,387
b Contributions				279,368	10,000
c Net investment earnings, gains, and losses	1,106	3,034	5,845	-459	10,263
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	487,544	486,438	483,404	477,559	198,650

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

- a** Board designated or quasi-endowment **u** %
b Permanent endowment **u** %
c Temporarily restricted endowment **u** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		114,631		114,631
b Buildings		3,352,673	1,200,738	2,151,935
c Leasehold improvements				
d Equipment		339,859	306,709	33,150
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	2,299,716

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

Public Disclosure Copy

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

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018Open to Public
InspectionName of the organization **OLD MILL CENTER FOR CHILDREN
AND FAMILIES INC**Employer identification number
93-0722603**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from
registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>AUCTION</u> (event type)	(event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	293,532			293,532
	2 Less: Contributions	184,101			184,101
	3 Gross income (line 1 minus line 2)	109,431			109,431
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,430			5,430
	7 Food and beverages	11,830			11,830
	8 Entertainment				
	9 Other direct expenses	85,481			85,481
	10 Direct expense summary. Add lines 4 through 9 in column (d)				102,741
11 Net income summary. Subtract line 10 from line 3, column (d)				6,690	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			37,200	37,200
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			24,728	24,728
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				24,728
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				12,472

9 Enter the state(s) in which the organization conducts gaming activities: OR

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u** KATE CALDWELL, DEVELOPMENT MGR
1650 SW 45TH PLACE
Address **u** CORVALLIS OR 97333

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c** If "Yes," enter name and address of the third party:

Name **u**
Address **u**

16 Gaming manager information:

Name **u** KATE CALDWELL DEVELOPMENT MGR

Gaming manager compensation **u** \$

Description of services provided **u** MANAGEMENT

☒ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

OLD MILL CENTER FOR CHILDREN
AND FAMILIES INC

Employer identification number

93-0722603

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule I (Form 990) (2018)**

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 TRANSPORTATION	120		11,735	COST	TRANSPORTATION
2 CLOTHING	350		1,728	COST	CLOTHING
3 TRANSLATION SERVICES	25		2,513	COST	TRANSLATION SVC
4					
5					
6					
7					

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

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

THE ORGANIZATION'S PROGRAM MANAGERS MONITOR BOTH THE ASSISTANCE PROVIDED

AND THE ELIGIBILITY OF RECIPIENTS. ADDITIONAL SUPERVISORY MONITORING IS

PROVIDED BY THE EXECUTIVE DIRECTOR.

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0047

2018**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**u** Attach to Form 990.**u** Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

OLD MILL CENTER FOR CHILDREN
AND FAMILIES INC

Employer identification number

93-0722603

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		67,230	ESTIMATED FMV
6 Cars and other vehicles	X	1	24,728	COMPARABLE SALES
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	4	7,048	MARKET QUOTED PRICES
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

30a

X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2018

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Public Disclosure Copy

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization	OLD MILL CENTER FOR CHILDREN AND FAMILIES INC	Employer identification number	93-0722603
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
EXECUTIVE DIRECTOR AND FINANCE COMMITTEE REVIEW THE FORM 990 BEFORE
PRESENTING THE FORM 990 TO THE ENTIRE BOARD FOR THEIR FINAL REVIEW AND
APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS AND KEY EMPLOYEES ARE ASKED TO DISCLOSE INTERESTS ANNUALLY.
RECORDS OF THE ANNUAL DISCLOSURE ARE MAINTAINED BY THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
BENCHMARKING AGAINST OTHER EQUIVALENT POSITIONS IN THE SAME INDUSTRY

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
BENCHMARKING AGAINST OTHER EQUIVALENT POSITIONS IN THE SAME INDUSTRY.

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

Form 4562 Department of the Treasury Internal Revenue Service (99)	Depreciation and Amortization (Including Information on Listed Property) u Attach to your tax return. u Go to www.irs.gov/Form4562 for instructions and the latest information.	OMB No. 1545-0172 <div style="font-size: 24pt; font-weight: bold;">2018</div> Attachment Sequence No. 179
Name(s) shown on return OLD MILL CENTER FOR CHILDREN AND FAMILIES INC		Identifying number 93-0722603

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,000,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	100,095

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	100,095
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

 THERE ARE NO AMOUNTS FOR PAGE 2 Form **4562** (2018)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Land	8/31/95	39,000			39,000	0 -- Land	0	0
2	Land improvements	8/31/95	50,303			50,303	0 -- Land	0	0
3	Land improvements	6/30/09	25,328			25,328	0 -- Land	0	0
9	Road & parking	9/30/91	9,096			9,096	20 MO S/L	9,096	0
10	Road & parking	6/30/92	3,997			3,997	20 MO S/L	3,997	0
11	School building	3/01/94	529,286			529,286	40 MO S/L	339,918	13,232
13	Road & parking	7/15/94	43,115			43,115	20 MO S/L	43,115	0
14	Road & parking	2/15/95	2,140			2,140	20 MO S/L	2,140	0
16	Parking signs	7/22/96	522			522	5 MO S/L	522	0
17	Road & parking	9/09/96	1,248			1,248	20 MO S/L	1,248	0
21	Air conditioner	7/29/03	1,975			1,975	39 MO S/L	774	51
22	Lighting system	8/10/03	7,224			7,224	30 MO S/L	3,538	240
23	Gerding Addition	3/31/08	2,409,493			2,409,493	40 MO S/L	617,431	60,238
24	Landscaping and irrigation - see F-1.1	5/31/08	8,457			8,457	20 MO S/L	4,265	423
25	Gerding Construction	10/13/08	171,862			171,862	40 MO S/L	40,817	4,296
26	Basket Item for Building & Improvements	1/08/09	8,402			8,402	20 MO S/L	3,781	420
27	Water Fountain	7/23/09	5,753			5,753	7 MO S/L	5,753	0
28	Construction finished in 2010-11	7/01/10	68,569			68,569	40 MO S/L	13,714	1,714
29	New Fence for playground	10/15/10	5,300			5,300	20 MO S/L	2,032	265
30	Playground improvements	10/14/10	8,690			8,690	20 MO S/L	3,331	435
31	Playground improvements	11/28/11	32,580			32,580	20 MO S/L	10,724	1,629
32	Heatpumps on roof	4/02/12	19,500			19,500	20 MO S/L	6,094	975
42	Toshiba 26 TV	6/15/92	480			480	5 MO S/L	480	0
44	TV cart	5/26/92	113			113	5 MO S/L	113	0
47	Refrigerator	7/23/93	588			588	5 MO S/L	588	0
58	2 Utility carts	2/16/94	276			276	5 MO S/L	276	0
59	Child chairs & tables	2/17/94	200			200	5 MO S/L	200	0
67	Gas range	3/09/94	511			511	5 MO S/L	511	0
68	Blinds	3/15/94	1,903			1,903	5 MO S/L	1,903	0
69	OT room equipment	3/15/94	215			215	5 MO S/L	215	0
70	Bookcase & 3 drawer	3/17/94	299			299	5 MO S/L	299	0
71	Materials for MS	4/20/94	436			436	5 MO S/L	436	0
76	Book display case	5/19/94	353			353	5 MO S/L	353	0
77	File cabinets	5/23/94	1,729			1,729	5 MO S/L	1,729	0
79	Jungle gym	12/09/96	1,981			1,981	5 MO S/L	1,981	0
88	Iomaga zip drive	2/10/00	379			379	5 MO S/L	379	0
92	Computer system	4/09/03	5,450			5,450	5 MO 200DB	5,450	0
93	Software	6/12/03	2,090			2,090	15 MO S/L	2,090	0
103	Furniture and equipment - see F-1.1	4/01/08	87,833			87,833	7 MO S/L	87,833	0
104	Equipment	7/18/08	3,358			3,358	7 MO S/L	3,358	0
105	Basket Item-new office furnitures	11/18/08	32,642			32,642	7 MO S/L	32,642	0
106	Basket Item-Kitchen equipments	8/06/08	2,840			2,840	5 MO S/L	2,840	0
107	Relief Nursery Equipment & Remodel	6/30/11	74,755			74,755	5 MO S/L	74,755	0
108	Relief Nursery Equipment & Remodel	6/30/11	4,998			4,998	5 MO S/L	4,998	0
109	Relief Nursery Equipment & Remodel	6/30/11	19,270			19,270	5 MO S/L	19,270	0
110	Relief Nursery Equipment & Remodel	6/30/11	3,526			3,526	5 MO S/L	3,526	0
111	Relief Nursery Equipment & Remodel	6/30/11	1,987			1,987	5 MO S/L	1,987	0
112	Software Licenses via Techsoup	9/06/12	1,962			1,962	5 MO S/L	1,962	0
113	New server	12/12/12	5,350			5,350	5 MO S/L	5,350	0
114	(2) Boardmaker Software	10/15/13	638			638	5 MO S/L	606	32
115	Roof Repair	12/19/13	4,225			4,225	20 MO S/L	951	211
116	(3) Laptops Healthy Families	10/25/13	1,200			1,200	5 MO S/L	1,120	80
117	Acer PC	10/23/13	515			515	5 MO S/L	481	34
118	(4) Computers	6/19/14	1,456			1,456	5 MO S/L	1,165	291
119	(2) Mini Ipads for Preschool	5/30/14	782			782	5 MO S/L	639	143
120	Toyota Van	1/31/15	17,072			17,072	5 MO S/L	11,666	3,414
121	Compulink Software	1/07/15	13,705			13,705	5 MO S/L	9,594	2,741
122	3 Laptops for HF	7/31/14	1,275			1,275	5 MO S/L	999	255
123	Microphone System	9/30/14	769			769	5 MO S/L	577	154
125	3 Refurb Dell PCs	1/31/15	912			912	5 MO S/L	623	183
Mass Sale: 6/30/19									
126	Server Processor	6/01/15	1,471			1,471	5 MO S/L	907	294
127	7 PCs, 1 Monitor	6/15/15	2,065			2,065	5 MO S/L	1,273	413
128	2 Laptops	5/31/15	900			900	5 MO S/L	555	180
129	Scanner	5/31/15	273			273	5 MO S/L	168	55
130	Shower Installation	5/01/16	6,613			6,613	7 MO S/L	2,047	945
131	Crystal Reports Licences	11/15/15	495			495	3 MO S/L	440	55
132	Dishwasher (Staffroom)	11/15/15	502			502	5 MO S/L	268	100

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
133	2 Laptops and Bags	12/07/15	807			807	5 MO S/L	417	161
134	6 PC's - HP Dual Core	2/23/16	534			534	5 MO S/L	259	106
135	2 Tricycles/ 1 Scooter	3/04/16	780			780	5 MO S/L	364	156
136	Printer (Brother MFC8710DW)	3/07/16	279			279	5 MO S/L	130	56
137	5 Charis & Mats (HF)	3/15/16	852			852	5 MO S/L	398	170
138	Chair	3/18/16	153			153	5 MO S/L	71	31
139	6 PC's - HP Dual Core	4/12/16	534			534	5 MO S/L	240	107
140	1 PC HP X5450	5/16/16	190			190	5 MO S/L	82	38
141	Concrete Memorial Garden	5/17/17	1,064			1,064	20 MO S/L	58	53
142	Irrigation Memorial Garden	6/01/17	382			382	20 MO S/L	21	19
143	Poweredge R530 Server	9/14/16	3,578			3,578	5 MO S/L	1,312	716
144	Brother Printer	9/15/16	120			120	5 MO S/L	44	24
145	Club Chairs (2)	9/27/16	254			254	5 MO S/L	89	51
147	UPS and Monitor	12/01/16	188			188	3 MO S/L	99	63
148	Computer Monitors (3)	4/30/17	180			180	3 MO S/L	70	60
149	2 Benches for Memorial Garden	5/01/17	683			683	5 MO S/L	159	137
150	Tablets for HF Staff (7)	5/02/17	1,610			1,610	3 MO S/L	626	537
151	Credit Card Terminal	5/03/17	399			399	3 MO S/L	155	133
152	Plaques for Memorial Garden	7/14/17	913			913	10 MO S/L	91	92
153	Stone for Memorial Garden	12/20/17	350			350	20 MO S/L	9	17
154	School Lockers/Cubbies	7/28/17	345			345	5 MO S/L	63	69
155	Psych Adv Softward License	8/04/17	1,980			1,980	5 MO S/L	363	396
156	Hobart LXEh Sanitizer Prep Kitchen	8/15/17	7,190			7,190	10 MO S/L	659	719
157	Psych Adv Softward License	10/10/17	2,512			2,512	5 MO S/L	377	502
158	Laminator	11/08/17	198			198	2 MO S/L	66	99
Mass Sale: 6/30/19									
159	Brother Printer	11/30/17	250			250	3 MO S/L	49	83
160	Speed Queen Washer/Dryer	12/27/17	1,514			1,514	10 MO S/L	76	151
161	Speed Queen Dryer	1/08/18	714			714	10 MO S/L	36	71
162	Printer in Albany Office	1/31/18	340			340	3 MO S/L	47	114
163	Monroe Shed	6/27/19	1,916			1,916	10 MO S/L	0	16
164	Wireless Access Point	7/25/18	349			349	3 MO S/L	0	116
165	Wireless Access Point	7/28/18	361			361	3 MO S/L	0	120
166	Apricot Core Software	11/01/18	2,950			2,950	3 MO S/L	0	656
167	(2) Microwaves for Service Kitchen	11/02/18	198			198	2 MO S/L	0	66
168	Apple iPad Mini	11/26/18	350			350	3 MO S/L	0	78
169	Wireless Hot Spot	11/30/18	137			137	3 MO S/L	0	30
170	Public Address Access Points and parts	12/08/18	653			653	3 MO S/L	0	127
171	(4) Wide Screen Monitors	1/17/19	440			440	2 MO S/L	0	110
172	Sand Tray Kit w/lid	2/12/19	510			510	3 MO S/L	0	71
173	Jupiter 125 Laminator and warranty	5/10/19	500			500	3 MO S/L	0	28
174	(2) Leitner Wireless Headset	5/30/19	657			657	3 MO S/L	0	36
175	Monroe Changing Table with Stairs	6/21/19	730			730	5 MO S/L	0	12
176	Monroe 5-Section Locker (2)	6/21/19	698			698	3 MO S/L	0	19
177	Monroe Sand & Water Table w/lid	6/21/19	499			499	2 MO S/L	0	21
178	Monroe used Furniture	6/11/19	600			600	2 MO S/L	0	25
179	Monroe Black & Decker Refrigerator	6/21/19	210			210	2 MO S/L	0	9
180	Monroe Brother MFC-L3750CDW Printer	6/21/19	330			330	3 MO S/L	0	9
181	Monroe Kitchen Play Set	6/21/19	2,085			2,085	5 MO S/L	0	35
182	Monroe Mobile Cabinet	6/21/19	553			553	3 MO S/L	0	15
183	Monroe Play Mats	6/21/19	552			552	3 MO S/L	0	15
184	Monroe Merry-Go-Round	6/24/19	1,871			1,871	3 MO S/L	0	52
Total Other Depreciation			<u>3,808,274</u>			<u>3,808,274</u>		<u>1,408,323</u>	<u>100,095</u>
Total ACRS and Other Depreciation			<u>3,808,274</u>			<u>3,808,274</u>		<u>1,408,323</u>	<u>100,095</u>
Grand Totals			3,808,274			3,808,274		1,408,323	100,095
Less: Dispositions and Transfers			1,110			1,110		689	282
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,807,164</u>			<u>3,807,164</u>		<u>1,407,634</u>	<u>99,813</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Land	8/31/95	39,000	0	0
2	Land improvements	8/31/95	50,303	0	0
3	Land improvements	6/30/09	25,328	0	0
9	Road & parking	9/30/91	9,096	0	0
10	Road & parking	6/30/92	3,997	0	0
11	School building	3/01/94	529,286	13,232	0
13	Road & parking	7/15/94	43,115	0	0
14	Road & parking	2/15/95	2,140	0	0
16	Parking signs	7/22/96	522	0	0
17	Road & parking	9/09/96	1,248	0	0
21	Air conditioner	7/29/03	1,975	51	0
22	Lighting system	8/10/03	7,224	241	0
23	Gerding Addition	3/31/08	2,409,493	60,237	0
24	Landscaping and irrigation - see F-1.1	5/31/08	8,457	423	0
25	Gerding Construction	10/13/08	171,862	4,297	0
26	Basket Item for Building & Improvements	1/08/09	8,402	420	0
27	Water Fountain	7/23/09	5,753	0	0
28	Construction finished in 2010-11	7/01/10	68,569	1,714	0
29	New Fence for playground	10/15/10	5,300	265	0
30	Playground improvements	10/14/10	8,690	434	0
31	Playground improvements	11/28/11	32,580	1,629	0
32	Heatpumps on roof	4/02/12	19,500	975	0
42	Toshiba 26 TV	6/15/92	480	0	0
44	TV cart	5/26/92	113	0	0
47	Refrigerator	7/23/93	588	0	0
58	2 Utility carts	2/16/94	276	0	0
59	Child chairs & tables	2/17/94	200	0	0
67	Gas range	3/09/94	511	0	0
68	Blinds	3/15/94	1,903	0	0
69	OT room equipment	3/15/94	215	0	0
70	Bookcase & 3 drawer	3/17/94	299	0	0
71	Materials for MS	4/20/94	436	0	0
76	Book display case	5/19/94	353	0	0
77	File cabinets	5/23/94	1,729	0	0
79	Jungle gym	12/09/96	1,981	0	0
88	Iomaga zip drive	2/10/00	379	0	0
92	Computer system	4/09/03	5,450	0	0
93	Software	6/12/03	2,090	0	0
103	Furniture and equipment - see F-1.1	4/01/08	87,833	0	0
104	Equipment	7/18/08	3,358	0	0
105	Basket Item-new office furnitures	11/18/08	32,642	0	0
106	Basket Item-Kitchen equipments	8/06/08	2,840	0	0
107	Relief Nursery Equipment & Remodel	6/30/11	74,755	0	0
108	Relief Nursery Equipment & Remodel	6/30/11	4,998	0	0
109	Relief Nursery Equipment & Remodel	6/30/11	19,270	0	0
110	Relief Nursery Equipment & Remodel	6/30/11	3,526	0	0
111	Relief Nursery Equipment & Remodel	6/30/11	1,987	0	0
112	Software Licenses via Techsoup	9/06/12	1,962	0	0
113	New server	12/12/12	5,350	0	0
114	(2) Boardmaker Software	10/15/13	638	0	0
115	Roof Repair	12/19/13	4,225	211	0
116	(3) Laptops Healthy Families	10/25/13	1,200	0	0
117	Acer PC	10/23/13	515	0	0
118	(4) Computers	6/19/14	1,456	0	0
119	(2) Mini Ipads for Preschool	5/30/14	782	0	0
120	Toyota Van	1/31/15	17,072	1,992	0
121	Compulink Software	1/07/15	13,705	1,370	0
122	3 Laptops for HF	7/31/14	1,275	21	0
123	Microphone System	9/30/14	769	38	0
126	Server Processor	6/01/15	1,471	270	0
127	7 PCs, 1 Monitor	6/15/15	2,065	379	0
128	2 Laptops	5/31/15	900	165	0
129	Scanner	5/31/15	273	50	0
130	Shower Installation	5/01/16	6,613	944	0
131	Crystal Reports Licences	11/15/15	495	0	0
132	Dishwasher (Staffroom)	11/15/15	502	101	0
133	2 Laptops and Bags	12/07/15	807	162	0

Asset	Description	Date In Service	Cost	Tax	AMT
134	6 PC's - HP Dual Core	2/23/16	534	107	0
135	2 Tricycles/ 1 Scooter	3/04/16	780	156	0
136	Printer (Brother MFC8710DW)	3/07/16	279	56	0
137	5 Charis & Mats (HF)	3/15/16	852	170	0
138	Chair	3/18/16	153	30	0
139	6 PC's - HP Dual Core	4/12/16	534	107	0
140	1 PC HP X5450	5/16/16	190	38	0
141	Concrete Memorial Garden	5/17/17	1,064	53	0
142	Irrigation Memorial Garden	6/01/17	382	19	0
143	Poweredge R530 Server	9/14/16	3,578	715	0
144	Brother Printer	9/15/16	120	24	0
145	Club Chairs (2)	9/27/16	254	51	0
147	UPS and Monitor	12/01/16	188	26	0
148	Computer Monitors (3)	4/30/17	180	50	0
149	2 Benches for Memorial Garden	5/01/17	683	137	0
150	Tablets for HF Staff (7)	5/02/17	1,610	447	0
151	Credit Card Terminal	5/03/17	399	111	0
152	Plaques for Memorial Garden	7/14/17	913	91	0
153	Stone for Memorial Garden	12/20/17	350	18	0
154	School Lockers/Cubbies	7/28/17	345	69	0
155	Psych Adv Softward License	8/04/17	1,980	396	0
156	Hobart LXEH Sanitizer Prep Kitchen	8/15/17	7,190	719	0
157	Psych Adv Softward License	10/10/17	2,512	503	0
159	Brother Printer	11/30/17	250	83	0
160	Speed Queen Washer/Dryer	12/27/17	1,514	152	0
161	Speed Queen Dryer	1/08/18	714	72	0
162	Printer in Albany Office	1/31/18	340	113	0
163	Monroe Shed	6/27/19	1,916	192	0
164	Wireless Access Point	7/25/18	349	116	0
165	Wireless Access Point	7/28/18	361	120	0
166	Apricot Core Software	11/01/18	2,950	983	0
167	(2) Microwaves for Service Kitchen	11/02/18	198	99	0
168	Apple iPad Mini	11/26/18	350	117	0
169	Wireless Hot Spot	11/30/18	137	46	0
170	Public Address Access Points and parts	12/08/18	653	218	0
171	(4) Wide Screen Monitors	1/17/19	440	220	0
172	Sand Tray Kit w/lid	2/12/19	510	170	0
173	Jupiter 125 Laminator and warranty	5/10/19	500	166	0
174	(2) Leitner Wireless Headset	5/30/19	657	219	0
175	Monroe Changing Table with Stairs	6/21/19	730	146	0
176	Monroe 5-Section Locker (2)	6/21/19	698	233	0
177	Monroe Sand & Water Table w/lid	6/21/19	499	250	0
178	Monroe used Furniture	6/11/19	600	300	0
179	Monroe Black & Decker Refrigerator	6/21/19	210	105	0
180	Monroe Brother MFC-L3750CDW Printer	6/21/19	330	110	0
181	Monroe Kitchen Play Set	6/21/19	2,085	417	0
182	Monroe Mobile Cabinet	6/21/19	553	184	0
183	Monroe Play Mats	6/21/19	552	184	0
184	Monroe Merry-Go-Round	6/24/19	1,871	624	0
Total Other Depreciation			<u>3,807,164</u>	<u>99,353</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>3,807,164</u>	<u>99,353</u>	<u>0</u>
Grand Totals			<u>3,807,164</u>	<u>99,353</u>	<u>0</u>