

LAKE FAMILY RESOURCE CENTER
5350 MAIN STREET
KELSEYVILLE, CA 95451

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470



034

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>098155</u> <u>LAKE FAMILY RESOURCE CENTER</u> Name of Organization <u>5350 MAIN STREET</u> Address (Number and Street) <u>KELSEYVILLE CA 95451</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1932226</u> Federal Employer I.D. No. <u>68-0353914</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/13 ending 06/30/14) list:

Gross annual revenue \$ 2,057,271 Total assets \$ 1,492,967

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop. or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. stmt 1	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 707-279-0563

Organization's e-mail address LISAF@LAKEFRC.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	JAMES R. HILTON Printed Name	VICE CHAIR/FINANCE C Title	Date
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Statement 1 - Form RRF-1, Part B, Line 6 - Governmental FundingDescription

Lake Family Resource Center
Governmental Funding Sources
FYE 06/30/2013 RRF attachement
California Department of Public Health
Maternal, Child & Adolescent Health
P.O. Box 997420
Sacramento, CA 95899-7420
(916) 650-0464
Edie Guthrie, Contract Manager
County of Lake
Department of Social Services
P.O. Box 9000
Lower Lake, CA 95457
(707) 995-4200
Carol Huchingson, Director
California Emergency Management Agency
3650 Schriever Avenue
Mather, CA 95655
(916) 324-7207
Leigh Bills, Chief
California Department of Public Health
Office of Family Planning
P.O. Box 997420
Sacramento, CA 95899-7420
(916) 650-0346
Elenita Barcelon, Contract Manager
Department of Health & Human Services
Administration for Children and Families
90 7th Street, 9th Floor
San Francisco, CA 94103
(415) 437-8405
Heather Thach, Fiscal Specialist
California Department of Public Health
EPIC Branch
P.O. Box 997413
Sacramento, CA 95899-7413
(916) 552-9838
Jeannie Galarpe, Contract Manager
California Department of Developmental Services
1600 Ninth Street, Room 3000 MS 3-18
Sacramento, CA 95814
(916)654-3111
Anna Luc

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

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

C Name of organization
LAKE FAMILY RESOURCE CENTER
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5350 MAIN STREET
 City or town, state or province, country, and ZIP or foreign postal code
KELSEYVILLE CA 95451

D Employer identification number
68-0353914

E Telephone number
707-279-0563

G Gross receipts \$ **2,174,398**

F Name and address of principal officer:
ILENE DUMONT
5350 MAIN STREET
KELSEYVILLE CA 95451

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **http://lakefrfc.org**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2000** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	60
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,289,827	2,087,840
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,327	38,438
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18	-97,313
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,244	28,306
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,319,416	2,057,271
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,921,684	1,673,629
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	664,107	529,356
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,585,791	2,202,985
19 Revenue less expenses. Subtract line 18 from line 12	-266,375	-145,714	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,621,140	1,492,967
	22 Net assets or fund balances. Subtract line 21 from line 20	610,212	627,753
		1,010,928	865,214

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: **JAMES R. HILTON** Date: _____
 Type or print name and title: **VICE CHAIR/FINANCE COMMITTEE**

Paid Preparer Use Only

Print/Type preparer's name: **John Robertson** Preparer's signature: *John S. Robertson* Date: **05/12/15** Check if self-employed PTIN: **P00366644**

Firm's name: **ROBERTSON & ASSOCIATES, CPAS** Firm's EIN: **68-0290978**
 Firm's address: **55 FIRST ST BOX G SUITE 306 LAKEPORT, CA 95453-5407** Phone no.: **707-263-9012**

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

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

See schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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 X

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 \$ 973,853 including grants of\$) (Revenue \$ 800)

CHILD AND YOUTH DEVELOPMENT - THE PROGRAM IS COMPRISED OF THE FOLLOWING SPECIALIZED SERVICES: THE EARLY HEAD START PROGRAM, A NATIONAL PROGRAM THAT PROMOTES SCHOOL READINESS BY ENHANCING THE SOCIAL AND COGNITIVE DEVELOPEMENT OF CHILDREN THROUGH THE PROVISION OF EDUCATIONAL, HEALTH, NUTRITIONAL, SOCIAL, AND OTHER SERVICES TO ENROLLED CHILDREN AND FAMILIES. THE ADOLESCENT FAMILY LIFE PROGRAM PROMOTES THE DEVELOPMENT OF COLLABORATIVE AND INTEGRATED SYSTEMS OF CARE THAT SUPPORT PREGNANT AND PARENTING ADOLESCENTS AND THEIR CHILDREN. WITH APPROXIMATELY 42% OF THE AGENCY'S TOTAL BUDGET, LAKE FAMILY RESOURCE CENTER OPERATES THE ONLY EARLY HEAD START (EHS) PROGRAM IN LAKE COUNTY. OUR FUNDING WAS DECREASED DURING THE 2013-2014 PROGRAM YEAR DUE TO THE MANDATORY FEDERAL SEQUESTRATION AND

4b (Code:) (Expenses \$ 744,295 including grants of\$) (Revenue \$ 10,651)

FAMILY AND COMMUNITY VIOLENCE PREVENTION, INTERVENTION, AND TREATMENT-THE PROGRAM IS COMPRISED OF VARIOUS SPECIALIZED SERVICES. THE DOMESTIC VIOLENCE ASSISTANCE PROGRAM AND WELFARE TO WORK PROGRAM PROVIDE FINANCIAL ASSISTANCE, DOMESTIC VIOLENCE SHELTER, AND COUNSELING SERVICES. THE CHILD ABUSE TREATMENT PROGRAM PROVIDES COMPREHENSIVE DIRECT SERVICES TO CHILDREN WHO ARE VICTIMS OF ABUSE, NEGLECT, DOMESTIC VIOLENCE, COMMUNITY VIOLENCE, AND ABDUCTION. THE RAPE CRISIS CENTER AND RAPE PREVENTION AND EDUCATION PROGRAM ASSIST SEXUAL ASSAULT VICTIMS IN DEALING WITH THE EMOTIONAL TRAUMA INFLICTED BY THE ASSAULT, AND CONDUCT RELATED TO THE PREVENTION OF SEXUAL VIOLENCE.

AT 14% OF THE TOTAL AGENCY BUDGET, THIS PROGRAM SERVES LAKE FRC DOMESTIC

4c (Code:) (Expenses \$ 206,870 including grants of\$) (Revenue \$ 6,716)

PARENTING EDUCATION AND PERSONAL DEVELOPMENT-THE PROGRAM IS COMPRISED OF THE FOLLOWING SPECIALIZED SERVICES. THE NURTURING PARENTING PROGRAMS TEACH AGE-SPECIFIC PARENTING SKILLS ALONG WITH ADDRESSING THE NEED TO NURTURE ONESELF. THE FAMILIES AND SCHOOL TOGETHER PROGRAM WAS DESIGNED TO BUILD PROTECTIVE FACTORS FOR CHILDREN AND EMPOWER PARENTS TO BE THE PRIMARY PREVENTION AGENTS FOR THEIR CHILDREN. THE WOMEN'S INITIATIVE PROGRAM WAS FOUNDED TO TEACH LEADERSHIP AND ADVOCACY SKILLS TO LOCAL WOMEN, TO EQUIP THEM TO MAKE A DIFFERENCE, IN THE LIVES OF THEIR FAMILIES, AS WELL AS IN THE COMMUNITY.

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

(Expenses \$ 94,922 including grants of\$) (Revenue \$ 20,271)

4e Total program service expenses 2,019,940

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?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	14		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	60		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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	

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

		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.		
	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 10		
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.)

		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?		
10b			
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	
12c		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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ LISA FRONSMAN** **5350 MAIN STREET**
KELSEYVILLE **CA 95451** **707-279-0563**

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 organizations 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) BARBARA FLYNN MEMBER	2.00 0.00	X						0	0	0
(2) BILL CORNELISON MEMBER	2.00 0.00	X						0	0	0
(3) RICHARD FREEBORN MEMBER	2.00 0.00	X						0	0	0
(4) ANDREW PETERSON MEMBER	2.00 0.00	X						0	0	0
(5) GAIL SALITURI-LAYTON MEMBER	2.00 0.00	X						0	0	0
(6) MARIA SHEPARD MEMBER	2.00 0.00	X						0	0	0
(7) GLORIA FLAHERTY EXECUTIVE DIRECTOR	40.00 0.00			X				61,911	0	12,713
(8) JAMES R. HILTON VICE CHAIR/FINANCE	2.00 0.00			X				0	0	0
(9) ILENE DUMONT CHAIR/FINANCE	2.00 0.00			X				0	0	0
(10) JOHN TOMKINS TREASURER/FIN COMM	2.00 0.00			X				0	0	0
(11) FLORA KRASNOVSKY SECRETARY	2.00 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)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							61,911		12,713	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							61,911		12,713	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,039,374				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48,466				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,087,840				
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Busn. Code	38,438	38,438			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		38,438				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16			16	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.		97,329				
	c Gain or (loss)		-97,329				
	d Net gain or (loss)		-97,329	-97,329			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	48,104				
		b Less: direct expenses	19,798				
c Net income or (loss) from fundraising events			28,306				
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			2,057,271	-58,891	0	16	

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,807		72,807	
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	1,207,021	1,149,150	57,871	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	393,801	332,327	61,474	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,399	12,749	1,650	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)				
12 Advertising and promotion				
13 Office expenses	23,283	21,028	2,255	
14 Information technology				
15 Royalties				
16 Occupancy	234,836	224,779	10,057	
17 Travel	79,269	72,604	6,665	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,858	22,221	6,637	
23 Insurance	24,449	23,474	975	
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 COMMUNICATIONS	37,515	37,515		
b ADMINISTRATIVE	37,214	37,214		
c OTHER	35,997	11,741	24,256	
d CLIENT ASSISTANCE	21,562	21,510	52	
e All other expenses	-8,026	53,628	-61,654	
25 Total functional expenses. Add lines 1 through 24e	2,202,985	2,019,940	183,045	0
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	31,249	1	36,170
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	217,517	3	180,433
	4	Accounts receivable, net		4	
	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		8	
	9	Prepaid expenses and deferred charges	15,312	9	38,040
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,874,073		
	b	Less: accumulated depreciation	10b 673,684	10c	1,200,389
	11	Investments—publicly traded securities		11	
	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	240	15	37,935
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,621,140	16	1,492,967	
Liabilities	17	Accounts payable and accrued expenses	150,737	17	123,269
	18	Grants payable		18	
	19	Deferred revenue	10,867	19	101,933
	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	439,275	23	399,975
	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	9,333	25	2,576
	26	Total liabilities. Add lines 17 through 25	610,212	26	627,753
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	10,928	27	-134,786
	28	Temporarily restricted net assets	1,000,000	28	1,000,000
	29	Permanently restricted net assets		29	
	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	1,010,928	33	865,214	
34	Total liabilities and net assets/fund balances	1,621,140	34	1,492,967	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,057,271
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,202,985
3	Revenue less expenses. Subtract line 2 from line 1	3	-145,714
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,010,928
5	Net unrealized gains (losses) on investments	5	
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	865,214

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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 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 checked="" 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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

LAKE FAMILY RESOURCE CENTER

Employer identification number

68-0353914

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,578,031	2,762,344	2,175,628	2,289,827	2,087,840	11,893,670
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	2,578,031	2,762,344	2,175,628	2,289,827	2,087,840	11,893,670
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						11,893,670

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,578,031	2,762,344	2,175,628	2,289,827	2,087,840	11,893,670
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	745	308	83	18	16	1,170
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						11,894,840
12 Gross receipts from related activities, etc. (see instructions)					12	86,542

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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.99%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.98%

16a 33 1/3% support test—2013. 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

b 33 1/3% support test—2012. 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

17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2013. 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—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

LAKE FAMILY RESOURCE CENTER

68-0353914

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
- The percentages in 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		865,738		865,738
b Buildings		715,078	404,426	310,652
c Leasehold improvements				
d Equipment		293,257	269,258	23,999
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **1,200,389**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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.) ▶		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: 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.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) CAPITAL LEASES	2,576	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,576	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	2,604,477
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	430,079	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	117,127	
e	Add lines 2a through 2d		2e	547,206
3	Subtract line 2e from line 1		3	2,057,271
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,057,271

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	2,750,191
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	430,079	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	117,127	
e	Add lines 2a through 2d		2e	547,206
3	Subtract line 2e from line 1		3	2,202,985
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,202,985

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 XI, Line 2d - Revenue Amounts Included in Financials - Other

FUNDRAISING EXPENSES	\$	19,798
LOSS ON ASSETS HELD FOR SALE	\$	97,329

Part XII, Line 2d - Expense Amounts Included in Financials - Other

FUNDRAISING EXPENSES	\$	19,798
LOSS ON ASSETS HELD FOR SALE	\$	97,329

Part XIII Supplemental Information (continued)

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

LAKE FAMILY RESOURCE CENTER

Employer identification number

68-0353914

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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 ten 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.

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Part II Fundraising Events. Complete if the organization answered "Yes" to 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>TICKET, WINE &</u> (event type)	<u>OLIVE FESTIVAL</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	38,004	10,100		48,104
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	38,004	10,100		48,104
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,358	3,440		19,798
	10 Direct expense summary. Add lines 4 through 9 in column (d)				19,798
11 Net income summary. Subtract line 10 from line 3, column (d)				28,306	

Part III Gaming. Complete if the organization answered "Yes" to 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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate 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 operate 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 operated 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 ►

Address ►

- 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 ►\$ and the amount of gaming revenue retained by the third party ►\$
- c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ►\$

Description of services provided ►

- 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 ►\$

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 complete this part to provide any additional information (see instructions).

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

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

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

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

OMB No. 1545-0047

2013

Open To Public Inspection

LAKE FAMILY RESOURCE CENTER

Employer identification number

68-0353914

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) SHERI YOUNG	SEE PART V	39,762	SEE PART V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

Schedule L, Part V - Additional Information

PART IV LINE 1: SHERI YOUNG IS THE SHELTER MANAGER FOR THE ORGANIZATION AND IS THE DAUGHTER OF GAIL SALITURI-LAYTON. GAIL IS A CURRENT BOARD MEMBER.

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

LAKE FAMILY RESOURCE CENTER

Employer identification number

68-0353914**Form 990 - Organization's Mission**

Lake Family Resource Center is a comprehensive family services organization created to assist Lake County residents to achieve safe, sustainable, healthy families and communities. Lake Family Resource Center strengthens our community one family at a time.

Form 990 - Additional Information

THE ORGANIZATION HAS REPORTED IN KIND EXPENSES AND REVENUE OF \$430,079 WHICH IS NOT REQUIRED TO BE REPORTED AS INCOME AND EXPENSE ON THE RETURN THEREFORE THE INFORMATION IS BEING DISCLOSED ON SCHEDULE O.

Form 990, Part I, Line 6

OUR VOLUNTEERS SUPPORT THE CRISIS LINE, PERFORM PROGRAM SERVICE AND GENERAL OFFICE DUTIES.

Form 990, Part III, Line 4a - First Accomplishment

WAS FUNDED TO PROVIDE SERVICES TO 62 CHILDREN AND EXPECTANT MOTHERS. WE CONTINUED TO OFFER BOTH HOME-BASE AND CENTER-BASE SERVICES TO ELIGIBLE LAKE COUNTY FAMILIES TO ENSURE THE NEEDS OF OUR FAMILIES WERE MET. OUR RECRUITMENT AND SERVICE AREA ENCOMPASSES THE ENTIRE COUNTY, WHICH COVERS AN AREA OF 1,200 SQUARE MILES. DURING THE PROGRAM YEAR A TOTAL OF 117 FAMILIES WERE SERVED. WE PROVIDED 40 CHILDREN FULL-DAY, YEAR-ROUND DEVELOPMENTALLY APPROPRIATE CENTER BASED CARE. OUR TEAM OF FAMILY ADVOCATES PROVIDED WEEKLY HOME VISITATION SERVICES TO 63 CHILDREN. OUR FAMILY SERVICE COORDINATOR PROVIDED MONTHLY HOME VISITS TO 14 EXPECTANT MOTHERS. LAKE

Name of the organization

LAKE FAMILY RESOURCE CENTER

Employer identification number

68-0353914

COUNTY'S POPULATION IS MOSTLY WHITE WITH THE LARGEST MINORITY GROUP BEING HISPANIC OR OF LATINO ORIGIN. THE PREDOMINANT LANGUAGES ARE ENGLISH AND SPANISH. OUR PROGRAM IS ABLE TO PROVIDE FULL BI-LINGUAL SERVICES TO OUR SPANISH SPEAKING CHILDREN AND FAMILIES. THE ETHNIC BACKGROUNDS OF THOSE SERVED THIS PAST PROGRAM YEAR ARE AS FOLLOWS: 65% WHITE, 27% HISPANIC, 4% BI OR MULTI-RACIAL, 2% NATIVE AMERICAN AND 2% AFRICAN AMERICAN. OF THE 32 HISPANIC FAMILIES, 19 WERE SPANISH SPEAKING ONLY. HEALTH INSURANCE APPLICATION ASSISTANCE WAS PROVIDED TO PARTICIPANTS AT INTAKE TO ENSURE THAT ALL FAMILIES HAVE COVERAGE. AT THE END OF OUR PROGRAM YEAR, ALL 103 CHILDREN WERE UP-TO-DATE ON AGE APPROPRIATE PREVENTITIVE AND PRIMARY HEALTH CARE. OF THESE, 3 WERE DIAGNOSED WITH A CHRONIC CONDITION NEEDING MEDICAL TREATMENT. EHS ASSISTED EACH CHILD IN RECIEVING THE NECESSARY MEDICAL CARE. TWO WERE DIAGNOSED WITH ANEMIA, AND THE OTHER ONE WITH ASTHMA. AT ENROLLMENT, 80 CHILDREN WERE DETERMINED BY A HEALTH CARE PROFESSIONAL TO BE UP-TO-DATE ON ALL IMMUNIZATIONS APPROPRIATE FOR THEIR AGE. AT THE END OF THE YEAR, THE NUMBER HAD INCREASED TO 99 DUE TO THE EFFORTS MADE BY STAFF TO HAVE ALL PARTICIPANTS ESTABLISH A MEDICAL HOME FOR PREVENTIVE AND ROUTINE CARE OF THEIR FAMILIES. THE NUMBER OF CHILDREN WITH CONTINUOUS, ACCESSIBLE DENTAL CARE PROVIDED BY A DENTIST AT THE TIME OF ENROLLMENT WAS 26. WITH THE ASSISTANCE OF OUR FAMILY ADVOCATES, THE NUMBER OF CHILDREN WHO WERE UP TO DATE ON AGE-APPROPRIATE PREVENTIVE AND PRIMARY ORAL CARE HAD INCREASED TO 103 AT THE END OF THE YEAR. STAFF ASSISTED WITH INSURNACE APPLICATIONS, LOCATING, REFERRING AND TRANSPORTING FAMILIES TO A DENTIST. THE PROGRAM OFFERS FREE DENTAL SCREENINGS ADMINISTERED BY A PEDIATRIC DENTIST BI-ANNUALLY AS PART OF THE PREVENTATIVE DENTAL SERVICE. A TOTAL OF 32 CHILDREN WERE SEEN DURING THESE SCREENINGS. WE PROVIDED INDIVIDUALIZED

Name of the organization

LAKE FAMILY RESOURCE CENTER

Employer identification number

68-0353914

EARLY INTERVENTION SERVICES TO 19 CHILDREN WHO WERE DEEMED ELIGIBLE FOR EARLY START AND ACTIVE INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP). OUR CHILD DEVELOPMENT CENTER PROVIDES AN APPROPRIATE ENVIRONMENT FOR CHILDREN WITH DISABILITIES. IT IS UTILIZED BY NUMEROUS AGENCIES SUCH AS EASTER SEALS, LAKE COUNTY OFFICE OF EDUCATION SELPA PROGRAM, HAWAII ELKS AND SPEECH THERAPISTS TO SEE THE CHILDREN IN OUR CARE AND PROVIDE THEIR SPECIALIZED SERVICES. TEN CHILDREN WERE IDENTIFIED AND REFERRED BY EHS AND DEEMED ELIGIBLE FOR EARLY START SERVICES THROUGH REDWOOD COAST REGIONAL CENTER DURING THE PROGRAM YEAR. OF THE 14 PREGNANT WOMEN WHO RECEIVED SERVICES IN THE EHS PROGRAM, ALL 14 RECEIVED PRENATAL AND HEALTH CARE, PRENATAL EDUCATION ON FETAL DEVELOPMENT AND INFORMATION ON THE BENEFITS OF BREASTFEEDING. THREE WOMEN WERE IDENTIFIED AS BEING A MEDICALLY HIGH RISK PREGNANCY. ALL 14 RECEIVED RECEIVED MENTAL HEALTH EDUCATION INCLUDING A POST-PARTUM EVALUATION AND ONE WERE REFERRED FOR SUBSTANCE ABUSE PREVENTION AND TREATMENT. THE MISSION OF LAKE FRC'S EARLY HEAD START PROGRAM IS TO PROMOTE AND ENHANCE THE OPTIMAL DEVELOPMENT OF FAMILIES AND YOUNG CHILDREN LIVING IN LAKE COUNTY. BY PROVIDING BOTH CENTER AND HOME-BASED SERVICES WE WERE ABLE TO PROMOTE POSITIVE PRENATAL OUTCOMES FOR PREGNANT WOMEN, ENHANCE DEVELOPMENT OF VERY YOUNG CHILDREN AND PROMOTE HEALTHY FAMILY FUNCTIONING. WE ACHIEVE THIS THROUGH A COORDINATED, COMPREHENSIVE AND HIGH QUALITY PROGRAM STRENGTHENING OUR COMMUNITY, ONE FAMILY AT A TIME.

Form 990, Part III, Line 4b - Second Accomplishment

VIOLENCE VICTIMS AND THEIR CHILDREN. DURING 2013-2014, WE PROVIDED 5,382 BED NIGHTS TO 52 WOMEN, 2 MEN AND 32 CHILDREN AT FREEDOM HOUSE DOMESTIC VIOLENCE SHELTER. ON OUR COMMUNITY CRISIS LINE, WE RECEIVED AND RESPONDED TO 268 CALLS, OF WHICH 153 WERE DOMESTIC VIOLENCE CALLS. PROVISION OF FOOD

Name of the organization

LAKE FAMILY RESOURCE CENTER

Employer identification number

68-0353914

AND HOUSEHOLD ASSISTANCE WAS GIVEN TO 52 WOMEN, 2 MEN AND THEIR CHILDREN. ALL CHILDREN RESIDING AT FREEDOM HOUSE CONTINUE THEIR EDUCATION THROUGH THE KELSEYVILLE SCHOOL DISTRICT. OCCASIONALLY, HOME SCHOOLING IS ARRANGED WHEN THEIR ARE EXTENUATING SAFETY FACTORS. IF A PARENT WISHES, THEY CAN TRANSPORT THEIR CHILDREN TO THEIR ORIGINAL SCHOOL. COMPREHENSIVE DOMESTIC VIOLENCE SERVICES INCLUDE SUPPORT GROUPS, CLASSES, AND TRAINING. WE OFFER SEEKING SAFETY A PTSD SENSITIVE SUBSTANCE ABUSE PROGRAM, WINDOWS BETWEEN WORLDS ART PROGRAM, CAL WORKS DOMESTIC VIOLENCE SUPPORT AND STAFF TRAINING, NURTURING PARENTING AND ANGER MANAGEMENT CLASSES. NEW IDEAS OF ADDITIONAL SUPPORT GROUPS ARE IN THE PROCESS OF BEING DEVELOPED. LAST YEAR 900 SESSIONS OF THERAPEUTIC AND/OR PEER COUNSELING WERE PROVIDED, PLUS 300 SUPPORT GROUP SESSIONS. SAFETY PLANS WERE DEVELOPED FOR 90 PARTICIPANTS IN DOMESTIC VIOLENCE SERVICES. LAKE FRC PROVIDES DROP-IN CENTERS AT OUR KELSEYVILLE AND CLEARLAKE OFFICES SERVING OVER 50 NON-SHELTERED INDIVIDUALS. OUR ADVOCACY SERVICES INCLUDE 40 RESTRAINING ORDERS ASSISTANCE AND 48 WITH COURT ACCOMPANIMENT WITH LINKAGE TO LEGAL SERVICES AS NECESSARY. SERVICES WERE PROVIDED TO 32 INDIVIDUALS WITH PHYSICAL, MENTAL, OR MEDICAL DISABILITIES, INCLUDING THE SHELTER. EMERGENCY TRANSPORTATION WAS PROVIDED TO 22 TIMES AND NON-EMERGENCY TRANSPORT WAS PROVIDED 127 TIMES AS NECESSARY OTHER APPOINTMENTS OR OFFICES. HEALTH INSURANCE APPLICATION ASSISTANCE WAS PROVIDED TO ENSURE THAT ALL HAVE COVERAGE WITH AN EFFORT MADE TO ESTABLISH A MEDICAL HOME FOR PREVENTION AND CARE. MEMORANDA OF UNDERSTANDING ARE IN PLACE WITH ALL LOCAL SOCIAL SERVICES AGENCIES AND LAW ENFORCEMENT AGENCIES, LAKE COUNTY OFFICE OF EDUCATION, AND APPLICABLE SCHOOL DISTRICTS. LAKE FRC STAFF WORKS CLOSELY WITH REPRESENTATIVES FROM VICTIM WITNESS, AODS, AND DSS WITH SERVICES AVAILABLE ON THOSE WORK SITES. ANNUALLY WE PROVIDE COMPREHENSIVE

Name of the organization

LAKE FAMILY RESOURCE CENTER

Employer identification number

68-0353914

40 HOURS OF TRAINING FOR DOMESTIC VIOLENCE RESPONDERS, SHELTER WORKERS, AND COMMUNITY CRISIS LINE VOLUNTEERS. TWENTY VOLUNTEERS WERE PREPARED TO HELP DOMESTIC VIOLENCE VICTIMS AND THEIR CHILDREN IN THE PAST YEAR. LAKE FRC HAS BILINGUAL/BICULTURAL STAFF TO SERVE PROGRAM SPANISH SPEAKING PARTICIPANTS. IN THE PAST YEAR, ETHNIC BREAKDOWN OF CLIENTS WAS AS FOLLOWS: 67% ANGLO, 10% NATIVE AMERICAN, AND 17% HISPANIC, 2% AFRICAN AMERICAN, 1% BI-RACIAL, 0% PACIFIC ISLANDER, 2% ASIAN AND 1% UNKNOWN. ETHNIC BREAKDOWN OF OUR STAFF IS AS FOLLOWS: 80% ANGLO, 20% NATIVE AMERICAN. LAKE FRC WORKS WITH ALL DOMESTIC VIOLENCE VICTIMS TO HELP THEM ESTABLISH SAFE, HEALTHY AND SATISFYING LIFESTYLES THAT ARE FREE OF VIOLENCE AND FEAR. LAST YEAR 354 INDIVIDUALS BENEFITED.

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

HEALTH AND WELLNESS-THE PROGRAM IS COMPRISED OF THE FOLLOWING SPECIALIZED SERVICES: THE TOBACCO CONTROL PROGRAM, WHICH FOCUSES ON REDUCING THE AVAILABILITY OF TOBACCO TO YOUTH, REDUCE EXPOSURE TO SECOND HAND SMOKE, INVOLVE YOUTH IN TOBACCO ACTIVISM, AND COUNTER PRO-TOBACCO INFLUENCES.

OF OTHER PROGRAM SERVICE ACTIVITIES CONDUCTED DURING THE YEAR: LAKE FRC PROVIDES MULTIPLE PROGRAMS INCLUDING MENTAL HEALTH, CALWORKS DOMESTIC VIOLENCE, SEEKING SAFETY, CHILD ABUSE TREATMENT, DIFFERENTIAL RESPONSE, TEEN PARENTING, HOUSING ASSISTANCE, YOUTH DEVELOPMENT, PARENTING CLASSES, TEEN SUICIDE LIFELINE, RAPE CRISIS CENTER, RAPE PREVENTION EDUCATION, CHILD ABUSE PREVENTION PROGRAMS, HEALTH INSURANCE APPLICATION ASSISTANCE, AND TOBACCO EDUCATION.

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached

JAMES R. HILTON

Name of the organization

Employer identification number

LAKE FAMILY RESOURCE CENTER**68-0353914****8001 ADOBE CREEK ROAD****KELSEYVILLE, CA 95451****BARBARA FLYNN****PO BOX 505****COBB, CA 95426****ILENE DUMONT****4195 LAKESHORE BLVD****LAKEPORT, CA 95453****JOHN TOMKINS****P.O. BOX 1140****LUCERNE, CA 95458****BILL CORNELISON****PO BOX 312****COBB, CA 95426****ANDREW PETERSON****8751 PARADISE VALLEY BLVD.****LUCERNE, CA 95458****GAIL SALITURI-LAYTON****5536 OAKRIDGE DRIVE****KELSEYVILLE, CA 95451**

Name of the organization

LAKE FAMILY RESOURCE CENTER

Employer identification number

68-0353914

FLORA KRASNOVSKY

9954 SALMINA ROAD

KELSEYVILLE, CA 95451

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

THE FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD.

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

COI STATEMENTS ARE COMPLETED AND REVIEWED ANNUALLY. ANY IDENTIFIED COI IS EVALUATED AND CORRECTIVE ACTION IS TAKEN AS NECESSARY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

A SALARY SURVEY OF LIKE ORGANIZATIONS IS REVIEWED.

Form 990, Part VI, Line 15b - Compensation Process for Officers

SALARY SURVEY OF LIKE ORGANIZATIONS ARE REVIEWED.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

THE FORM 990 IS AVAILABLE TO THE PUBLIC ON GUIDSTAR ORG WEBSITE OR UPON REQUEST.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

FUNDRAISING EXPENSES	\$	19,798
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LOSS ON ASSETS HELD FOR SALE	\$	97,329
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Name of the organization

LAKE FAMILY RESOURCE CENTER

Employer identification number

68-0353914

FUNDRAISING EXPENSES \$ **-19,798**

LOSS ON ASSETS HELD FOR SALE \$ **-97,329**

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2013**California e-file Return Authorization for Exempt Organizations**

FORM

8453-EO

Exempt Organization name

LAKE FAMILY RESOURCE CENTER

Identifying number

68-0353914**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	2,174,398
2	Total gross income (Form 199, line 8)	2	2,057,271
3	Total expenses and disbursements (Form 199, Line 9)	3	2,202,985

Part II Settle Your Account Electronically for Taxable Year 20134 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____**Part III Banking Information** (Have you verified the exempt organization's banking information?)5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings**Part IV Declaration of Officer**

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here

Signature of Officer

05/12/15

Date

**VICE CHAIR/FINANCE COMMITTEE**

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must SignERO's-
signature**John S. Robertson**

Date

05/12/15Check if
also paid
preparerCheck
if self-
employed

ERO's PTIN

P00366644Firm's name (or yours
if self-employed)
and address**ROBERTSON & ASSOCIATES, CPAS
55 FIRST ST BOX G SUITE 306
LAKEPORT CA**

FEIN

68-0290978

ZIP Code

95453-5407

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must SignPaid
preparer's
signature

Date

Check
if self-
employed

Paid preparer's PTIN

Firm's name (or yours
if self-employed)
and address

FEIN

ZIP Code

TAXABLE YEAR **California Exempt Organization**
2013 Annual Information Return

FORM
199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) **07/01/2013**, and ending (mm/dd/yyyy) **06/30/2014**.

Corporation/Organization Name LAKE FAMILY RESOURCE CENTER		California corporation number 1932226
Address (suite, room, or PMB no.) 5350 MAIN STREET		FEIN 68-0353914
City KELSEYVILLE	State CA	ZIP Code 95451

A First Return Yes No
B Amended Information Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn)
 Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method:
 (1) Cash (2) Accrual (3) Other
F Federal return filed?
 (1) 990T (2) 990 PF (3) Sch H (990)
G Is this a group filing for the subordinates/affiliates? Yes No
 If "Yes," attach a roster. See instructions
H Is this organization in a group exemption? Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
 If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
 If "Yes," complete and attach form FTB 3509.
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources. \$ _____
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	86,558	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received.	3	2,087,840	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,174,398	00
	5 Cost of goods sold	5	19,798	00
	6 Cost or other basis, and sales expenses of assets sold	6	97,329	00
	7 Total costs. Add line 5 and line 6	7	117,127	00
	8 Total gross income. Subtract line 7 from line 4	8	2,057,271	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,202,985	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-145,714	00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10	00
	12 Total payments	12	10	00
	13 Penalties and Interest. See General Instruction J	13		00
	14 Use tax. See General Instruction K	14		00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15		00

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

Signature of officer John S. Robertson	Title VICE CHAIR/FINANCE COMMITTEE	Date 05/12/2015	Telephone 707-279-0563
Preparer's signature John S. Robertson	Date 05/12/2015	Check if self-employed <input type="checkbox"/>	PTIN P00366644
Firm's name (or yours, if self-employed) and address ROBERTSON & ASSOCIATES, CPAS 55 FIRST ST BOX G SUITE 306 LAKEPORT, CA 95453-5407			FEIN 68-0290978 Telephone 707-263-9012

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

LAKE FAMILY RESOURCE CENTER
68-0353914

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	38,438	00		
	2	Interest	●	2	16	00		
	3	Dividends	●	3		00		
	4	Gross rents	●	4		00		
	5	Gross royalties	●	5		00		
	6	Gross amount received from sale of assets (See Instructions)	●	6	See Statement 1	00		
	7	Other income. Attach schedule	●	7	See Statement 2	48,104	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	86,558	00		
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		00		
	10	Disbursements to or for members	●	10		00		
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	See Statement 3	72,807	00	
	12	Other salaries and wages	●	12	1,207,021	00		
	Expenses and Disbursements	13	Interest	●	13		00	
		14	Taxes	●	14		00	
		15	Rents	●	15	234,836	00	
		16	Depreciation and depletion (See instructions)	●	16	28,858	00	
		17	Other Expenses and Disbursements. Attach schedule.	●	17	See Statement 4	659,463	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	2,202,985	00	

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		31,249	●	36,170
2 Net accounts receivable		217,517	●	180,433
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets	1,120,640		1,008,335	
b Less accumulated depreciation	(659,801)	460,839	(673,684)	334,651
11 Land		895,983	●	865,738
12 Other assets. Attach schedule. Stmt 5		15,552	●	75,975
13 Total assets		1,621,140		1,492,967
Liabilities and net worth				
14 Accounts payable		150,737	●	123,269
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable Stmt 6		439,275	●	399,975
18 Other liabilities. Attach schedule Stmt 7		20,200		104,509
19 Capital stock or principle fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		1,010,928	●	865,214
22 Total liabilities and net worth		1,621,140		1,492,967

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	-145,714	7	Income recorded on books this year not included in this return. Attach schedule	●	547,206
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	547,206
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6	●	-145,714
5	Expenses recorded on books this year not deducted in this return. Attach schedule Stmt 8	●	547,206				
6	Total. Add line 1 through line 5	●	401,492				

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
14264 Austin Road Clearlake Purchase			3/01/09	6/30/14	\$ 0	\$ 112,305	\$ 14,976	\$ 97,329
Total					<u>\$ 0</u>	<u>\$ 112,305</u>	<u>\$ 14,976</u>	<u>\$ 97,329</u>

Statement 2 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
TICKET, WINE & AUCTION SALE	\$ 38,004
OLIVE FESTIVAL	10,100
Total	\$ <u>48,104</u>

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	City	State	Zip	Address	Title	Avg Hrs	Compensation Amount
JAMES R. HILTON	KELSEYVILLE	CA	95451	8001 ADOBE CREEK ROAD	VICE CHAIR/FINANCE	2.00	
BARBARA FLYNN	COBB	CA	95426	PO BOX 505	MEMBER	2.00	
ILENE DUMONT	LAKEPORT	CA	95453	4195 LAKESHORE BLVD	CHAIR/FINANCE	2.00	
JOHN TOMKINS	LUCERNE	CA	95458	P.O. BOX 1140	TREASURER/FIN COMM	2.00	
BILL CORNELISON	COBB	CA	95426	PO BOX 312	MEMBER	2.00	
GLORIA FLAHERTY					EXECUTIVE DIRECTOR	40.00	72,807
RICHARD FREEBORN	CLEARLAKE	CA	95422	P.O. BOX 409		2.00	
ANDREW PETERSON	LUCERNE	CA	95458	8751 PARADISE VALLEY BLVD.	MEMBER	2.00	
GAIL SALITURI-LAYTON	KELSEYVILLE	CA	95451	5536 OAKRIDGE DRIVE	MEMBER	2.00	
FLORA KRASNOVSKY	KELSEYVILLE	CA	95451	9954 SALMINA ROAD	SECRETARY	2.00	
MARIA SHEPARD	HIDDEN VALLEY	CA	95467	19350 OLD CREEK RD B		2.00	
Total							<u>72,807</u>

California Statements

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
PAYROLL TAXES AND BENEFITS	\$ 13,596
PAYROLL TAXES AND BENEFITS	32,049
PAYROLL TAXES AND BENEFITS	123,877
PAYROLL TAXES AND BENEFITS	162,805
AUDIT AND TAX PREP	4,368
AUDIT AND TAX PREP	6,637
AUDIT AND TAX PREP	1,449
AUDIT AND TAX PREP	295
AUDIT AND TAX PREP	1,650
MILEAGE	1,171
TRAVEL AND TRAINING	3,196
TRAVEL AND TRAINING	12,148
MILEAGE	11,923
MILEAGE	1,375
TRAVEL AND TRAINING	2,757
TRAVEL AND TRAINING	25,555
MILEAGE	14,479
MILEAGE	3,071
TRAVEL AND TRAINING	3,594
COMMUNICATION	29
CONSULTANTS AND SUB-CONTR	29
CONSULTANTS AND SUB-CONT	3,050
OTHER	3,085
OTHER	630
CLIENT ASSISTANCE	3,366
COMMUNICATIONS	3,324
CLIENT ASSISTANCE	1,017
CLIENT AND ASSISTANCE	5,328
OTHER	2,268
OTHER	5,758
COMMUNICATIONS	15,415
COMMUNICATIONS	17,986
ADMINISTRATIVE EXPENSE	8,237
CONSULTANTS AND SUB-CONTR	8,570
CLIENT ASSISTANCE	17,127
ADMINISTRATION	-73,865
ADMINISTRATION	23,436
ADMINISTRATIVE	37,214
ADMINISTRATIVE COSTS	4,978
CLIENT ASSISTANCE	52
COMMUNICATIONS	790
CONSULTANTS AND SUBCONTR	12,182
OTHER	24,256
REPAYMENT TO CTY OF LAKE	
SUPPLIES: OFFICE & EDUCATIONA	870
SUPPLIES: OFFICE & EDUCATIONA	9,584
SUPPLIES: OFFICE & EDUCATION	1,782
SUPPLIES: OFFICE & EDUCATION	8,792
SUPPLIES: OFFICE & EDUCATION	2,255
INSURANCE	540
INSURANCE	7,994
INSURANCE	2,653
INSURANCE	12,287
INSURANCE	975

California Statements**Statement 4 - Form 199, Part II, Line 17 - Other Expenses (continued)**

<u>Description</u>	<u>Amount</u>
PAYROLL TAXES AND BENEFITS	\$ 61,474
Total	\$ <u>659,463</u>

Statement 5 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 240	\$ 240
ASSETS HELD FOR SALE		37,695
Prepaid Expenses	15,312	38,040
Total	\$ <u>15,552</u>	\$ <u>75,975</u>

Statement 6 - Form 199, Schedule L, Line 17 - Mortgages Payable

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
LOAN PAYABLE	\$ 377,400	\$ 338,100
PAYABLE TO LAKE COUNTY	61,875	61,875
Total	\$ <u>439,275</u>	\$ <u>399,975</u>

Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CAPITAL LEASES	\$ 9,333	\$ 2,576
Deferred Revenue	10,867	101,933
Total	\$ <u>20,200</u>	\$ <u>104,509</u>

Statement 8 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXPENSES	\$ 19,798
Donated services	430,079
LOSS ON ASSETS HELD FOR SALE	97,329
Total	\$ <u>547,206</u>

Statement 9 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXPENSES	\$ 19,798
Donated services	430,079
LOSS ON ASSETS HELD FOR SALE	<u>97,329</u>
Total	<u>\$ 547,206</u>

TAXABLE YEAR

2013

Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. **Form 199**

Corporation name LAKE FAMILY RESOURCE CENTER	California corporation number 1932226
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property (elected IRC Section 179 cost)	7		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7		8	
9 Tentative deduction. Enter the smaller of line 5 or line 8		9	
10 Carryover of disallowed deduction from prior taxable years		10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11		12	
13 Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12	13		

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14	See Statement 1					28,858	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	28,858

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	28,858
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II - Depreciation Detail Information

Description	Date Acquired	Cost/ Basis	Accum Depr	Method	Life/ Rate	Current Depr	Add'l 1st Year
HVAC UNIT	11/01/13	\$ 7,450	\$	S/L	10.00	\$ 497	\$
5350 Main Street Kelseyville	7/24/09	715,078	70,018	S/L	40.00	17,877	
Room Dividers	5/01/02	7,331	4,626	S/L	39.00	451	
Card Lock System	1/31/10	14,684	5,016	S/L	7.00	1,468	
Telephone System	9/30/09	22,168	8,314	S/L	7.00	2,217	
ADDITIONAL TELEPHONE SETS	10/12/12	5,065	380	S/L	10.00	520	
Dodge Caravan - 2008	7/01/09	15,104	12,084	S/L	5.00	3,020	
14264 Austin Road Clearlake	3/01/09	112,305	12,168	S/L	40.00	2,808	
Total		\$ 899,185	\$ 112,606			\$ 28,858	\$ 0