

MCSOLEY MCCOY & CO.
118 TILLEY DRIVE, STE. 202
SOUTH BURLINGTON, VT 05403

SPRINGFIELD AREA PARENT CHILD CENTER
80 JACK AND JILL LANE
NORTH SPRINGFIELD, VT 05150



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CLIENT'S COPY

Return of Organization Exempt From Income Tax

Form 990

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: SPRINGFIELD AREA PARENT CHILD CENTER
D Employer identification number: 22-3174684
E Telephone number: 802-886-5242
G Gross receipts \$: 3,097,334.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.SAPCC-VT.ORG
K Form of organization:
L Year of formation: 1992
M State of legal domicile: VT

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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.

Signature of officer: STEPHEN MICHEL, TREASURER
Preparer's name: CONNIE FELLION
Preparer's signature: CONNIE FELLION
Date: 05/12/26
Firm's name: MCSOLEY MCCOY & CO.
Firm's address: 118 TILLEY DRIVE, STE. 202 SOUTH BURLINGTON, VT 05403

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,700,013. including grants of \$) (Revenue \$ 1,110,889.) EARLY CHILDHOOD SERVICES - THE CENTER OPERATES A CHILD CARE AND PRESCHOOL IN A NURTURING ENVIRONMENT TO CHILDREN AGES 6 WEEKS TO 6 YEARS. CHILDCARE SUPPORT SERVICES OFFER REFERRAL AND FINANCIAL ASSISTANCE FOR CHILDCARE, SUMMER CAMP AND BEFORE/AFTER SCHOOL CARE. PLAYWORKS PROVIDES SERVICES FOR 40 FAMILIES.

4b (Code:) (Expenses \$ 414,404. including grants of \$) (Revenue \$) CAREGIVER EDUCATION & SUPPORT - SAPCC OFFERS A VARIETY OF FREE SERVICES TO ALL COMMUNITY CAREGIVERS OF CHILDREN UNDER SIX THAT ARE DESIGNED TO INCREASE CAREGIVING COMPETENCE AND RESILIENCE BY UTILIZING EVIDENCE-BASED OR EVIDENCE-INFORMED CURRICULUMS FOR PARENTING CLASSES, SUPPORT GROUPS, AND PLAYGROUPS THROUGHOUT OUR SERVICE REGION. OUR WEEKLY FREE PLAYGROUPS OFFER CAREGIVERS AND CHILDREN OPPORTUNITIES TO SOCIALIZE, LEARN, AND PLAY IN A SAFE AND SUPPORTIVE ENVIRONMENT. SAPCC'S INFORMATION & REFERRAL SERVICES ARE OFTEN THE FIRST CONTACT TO SAPCC FOR CAREGIVERS AND ARE PROVIDED TO ADDRESS IMMEDIATE NEEDS AND/OR CONTRIBUTE TO THE LONG-TERM WELL BEING OF FAMILIES.

4c (Code:) (Expenses \$ 447,115. including grants of \$) (Revenue \$) HOME VISITING: THE CENTER PROVIDES HOME VISITING SERVICES FOR FAMILIES WHO HAVE A CHILD WITH MEDICAL CONDITIONS OR DEVELOPMENTAL DELAYS, A NEED FOR FAMILY OR PARENTING SUPPORT, MENTAL HEALTH, OR PREVENTATIVE NURSING SERVICES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,561,532.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 802-886-5242
80 JACK AND JILL LANE, NORTH SPRINGFIELD, VT 05150

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

Check 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) STEPHEN MICHEL TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (2) NICHOLE DOWNING DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (3) AMY ENGLSBERG VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (4) DANI MARTELL CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (5) BRIAN JARVIS SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (6) SARAH MAGUIRE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) AIMEE PARNELL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) RENEE HEBERT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) DEBRA SAVERY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
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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 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
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| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 0. | 0. | 0. | |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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) | (B) | (C) | (D) | |
|--|--|--|--------------------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 1,622,507. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 186,163. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h | Total. Add lines 1a-1f | | 1,808,670. | | | |
| Program Service Revenue | 2 a | CHILD DEVELOPMENT SERV | Business Code 624100 | 959,469. | 959,469. | | |
| | b | PRE-SCHOOL TUITIONS | 721110 | 66,747. | 66,747. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 1,026,216. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 8,298. | | 8,298. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | 109,745. | | | |
| | | | (ii) Personal | | | | |
| | | | 6a | 109,745. | | | |
| | b | Less: rental expenses | 6b | 95,040. | | | |
| | c | Rental income or (loss) | 6c | 14,705. | | | |
| | d | Net rental income or (loss) | | 14,705. | | 14,705. | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | 7a | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | |
| c | Gain or (loss) | 7c | | | | | |
| d | Net gain or (loss) | | | | | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | 6,707. | | | | |
| | | 8a | 6,707. | | | | |
| | | b | Less: direct expenses | 8b | 828. | | |
| c | Net income or (loss) from fundraising events | | 5,879. | | 5,879. | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | 137,698. | | | | |
| | | 9a | 137,698. | | | | |
| | | b | Less: direct expenses | 9b | 53,025. | | |
| c | Net income or (loss) from gaming activities | | 84,673. | 84,673. | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | |
| | | 10a | | | | | |
| | | b | Less: cost of goods sold | 10b | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| 12 | Total revenue. See instructions | | 2,948,441. | 1,110,889. | 14,705. | 14,177. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 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 | 1,730,823. | 1,598,535. | 132,288. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 21,770. | 20,106. | 1,664. | |
| 9 Other employee benefits | 146,543. | 135,343. | 11,200. | |
| 10 Payroll taxes | 147,299. | 136,041. | 11,258. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 23,993. | 10,958. | 13,035. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 192,347. | 146,889. | 45,458. | |
| 12 Advertising and promotion | 4,561. | 1,561. | 3,000. | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 151,988. | 142,319. | 9,669. | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 63,721. | 51,142. | 12,579. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 92,692. | 92,692. | | |
| 23 Insurance | 37,377. | 33,711. | 3,666. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a OPERATING SUPPLIES AND | 125,477. | 106,240. | 19,237. | |
| b REIMBURSED TRAVEL | 33,426. | 33,254. | 172. | |
| c DUES AND SUBSCRIPTIONS | 19,442. | 3,852. | 15,590. | |
| d TELEPHONE | 16,040. | 15,459. | 581. | |
| e All other expenses _____ | 37,664. | 33,430. | 4,234. | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,845,163. | 2,561,532. | 283,631. | 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 Sheet

Check 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 | 260,451. | 1 | 150,681. |
| | 2 Savings and temporary cash investments | | 2 | 146,234. |
| | 3 Pledges and grants receivable, net | 338,491. | 3 | 372,898. |
| | 4 Accounts receivable, net | 90,000. | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 23,815. | 9 | 25,978. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,194,450. | | |
| | b Less: accumulated depreciation | 10b 1,550,648. | 10c | 2,643,802. |
| | 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 | 129,660. | 15 | 129,660. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 3,585,969. | 16 | 3,469,253. | |
| Liabilities | 17 Accounts payable and accrued expenses | 195,018. | 17 | 144,176. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,843,085. | 23 | 1,673,933. |
| | 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 | 7,359. | 25 | 7,359. |
| | 26 Total liabilities. Add lines 17 through 25 | 2,045,462. | 26 | 1,825,468. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 1,468,830. | 27 | 1,630,508. |
| | 28 Net assets with donor restrictions | 71,677. | 28 | 13,277. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 1,540,507. | 32 | 1,643,785. |
| | 33 Total liabilities and net assets/fund balances | 3,585,969. | 33 | 3,469,253. |

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 | 2,948,441. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,845,163. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 103,278. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,540,507. |
| 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 on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,643,785. |

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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | 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 on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

| | |
|---|---|
| Name of the organization SPRINGFIELD AREA PARENT CHILD CENTER | Employer identification number 22-3174684 |
|---|---|

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

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

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

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

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1125972. | 1516946. | 1581817. | 2018455. | 1946368. | 8189558. |
| 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 | 1125972. | 1516946. | 1581817. | 2018455. | 1946368. | 8189558. |
| 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) | | | | | | 340,372. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 7849186. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 1125972. | 1516946. | 1581817. | 2018455. | 1946368. | 8189558. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,476. | 1,965. | 2,731. | 1,264. | 8,298. | 15,734. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 8,885. | 11,102. | 5,307. | 3,110. | 14,705. | 43,109. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 8248401. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 4,883,199. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 95.16 | % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 95.37 | % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

Schedule A (Form 990) 2024

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 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 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|---|---|--|---|
| 1 | Distributable amount for 2024 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2024 | | |
| a | From 2019 | | |
| b | From 2020 | | |
| c | From 2021 | | |
| d | From 2022 | | |
| e | From 2023 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to under distributions of prior years | | |
| h | Applied to 2024 distributable amount | | |
| i | Carryover from 2019 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2024 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2020 | | |
| b | Excess from 2021 | | |
| c | Excess from 2022 | | |
| d | Excess from 2023 | | |
| e | Excess from 2024 | | |

Schedule A (Form 990) 2024

Part VI

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

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

SPRINGFIELD AREA PARENT CHILD CENTER

Employer identification number

22-3174684

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

| | |
|---|---|
| Name of organization SPRINGFIELD AREA PARENT CHILD CENTER | Employer identification number 22-3174684 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | COUCH FAMILY FOUNDATION 800 BOYLSTON ST BOSTON, MA 02199 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SPRINGFIELD AREA PARENT CHILD CENTER | Employer identification number 22-3174684 |
|---|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|---|---|
| Name of organization SPRINGFIELD AREA PARENT CHILD CENTER | Employer identification number 22-3174684 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SPRINGFIELD AREA PARENT CHILD CENTER

Employer identification number

22-3174684

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

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 make 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 program
 - 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| 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 Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land | | 139,996. | | 139,996. |
| b Buildings | | 3,945,867. | 1,442,061. | 2,503,806. |
| c Leasehold improvements | | | | |
| d Equipment | | 108,587. | 108,587. | 0. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 2,643,802. |

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ADVANCES REFUNDABLE | 7,359. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 7,359. |

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 FASB 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" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 3,096,506. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | | |
| | b Donated services and use of facilities | 2b | | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 148,065. | |
| | e Add lines 2a through 2d | 2e | | 148,065. |
| 3 | Subtract line 2e from line 1 | | 3 | 2,948,441. |
| 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 | | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 2,948,441. |

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

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

| | | | | |
|----------|---|-----------|----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 2,993,228. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 148,065. | |
| | e Add lines 2a through 2d | 2e | | 148,065. |
| 3 | Subtract line 2e from line 1 | | 3 | 2,845,163. |
| 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 | | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 2,845,163. |

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 - OTHER ADJUSTMENTS: | |
| RENTAL EXPENSES | 95,040. |
| GAMING EXPENSES | 53,025. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 148,065. |

| | |
|---|----------|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| RENTAL EXPENSES | 95,040. |
| GAMING EXPENSES | 53,025. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 148,065. |

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|----|--|--------------|------------------------|--|
| | | DUCK RACE (event type) | (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 6,707. | | 6,707. |
| | 2 | Less: Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 6,707. | | 6,707. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 828. | | 828. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 828. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | 5,879. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|--|-----------------------|--|---|---|---------|
| | | 1 | Gross revenue | 137,698. | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | 53,025. | | | 53,025. |
| | 6 | Volunteer labor | <input checked="" type="checkbox"/> Yes 80.00 % <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) | | | | 53,025. | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | 84,673. | |

9 Enter the state(s) in which the organization conducts gaming activities: VT
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SPRINGFIELD AREA PARENT CHILD CENTER

Employer identification number

22-3174684

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILDING BRIDGES OF SUPPORT FOR CHILDREN, FAMILIES, AND CAREGIVERS. THE ORGANIZATION IS A MEMBER OF THE VERMONT PARENT CHILD CENTER NETWORK, AND SERVES SOUTHERN WINDSOR AND NORTHERN WINDHAM COUNTIES. SAPCC BUILDS BRIDGES OF SUPPORT FOR CHILDREN, FAMILIES AND CAREGIVERS BY FOSTERING RELATIONSHIPS, ESTABLISHING A CULTURE OF LEARNING, AND ENGAGING IN COMMUNITY COLLABORATIONS TO SHAPE OPPORTUNITIES FOR THE WORLD AROUND US.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILDING BRIDGES OF SUPPORT FOR CHILDREN, FAMILIES, AND CAREGIVERS. THE ORGANIZATION IS A MEMBER OF THE VERMONT PARENT CHILD CENTER NETWORK, AND SERVES SOUTHERN WINDSOR AND NORTHERN WINDHAM COUNTIES. SAPCC BUILDS BRIDGES OF SUPPORT FOR CHILDREN, FAMILIES AND CAREGIVERS BY FOSTERING RELATIONSHIPS, ESTABLISHING A CULTURE OF LEARNING, AND ENGAGING IN COMMUNITY COLLABORATIONS TO SHAPE OPPORTUNITIES FOR THE WORLD AROUND US. WE SERVE APPROXIMATELY 3,000 INDIVIDUALS EACH YEAR THROUGH OUR WIDE VARIETY OF PROGRAMS AND SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT, TREASURER AND EXEC DIRECTOR REVIEW THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS DISCLOSE ANNUALLY ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE PERFORMANCE AND COMPENSATION OF THE EXECUTIVE DIRECTOR COMPARED TO INDUSTRY STANDARDS. THE EXECUTIVE DIRECTOR ANNUALLY REVIEWS STAFF PERFORMANCE AND COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S DOCUMENTS AND FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S DOCUMENTS AND FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description | Date Acquired | Method | Life | Conv Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|-------|------------------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 1 | MAIN ST. BUILDING | 05/30/97 | SL | 39.00 | MM17 | 175,795. | | | | 175,795. | 121,508. | | 4,508. | 126,016. |
| 2 | LAND | 05/30/97 | L | | | 20,000. | | | | 20,000. | | | 0. | |
| 3 | BUILDING IMPROVEMENTS MAIN ST. BUILDING | 06/30/97 | SL | 39.00 | MM17 | 14,675. | | | | 14,675. | 10,110. | | 376. | 10,486. |
| 4 | IMPROVEMENTS | 09/01/97 | SL | 39.00 | MM17 | 144,769. | | | | 144,769. | 99,156. | | 3,712. | 102,868. |
| 5 | PAVEMENT | 04/27/00 | SL | 10.00 | HY17 | 8,000. | | | | 8,000. | 7,733. | | 0. | 7,733. |
| 6 | BUILDING IMPROVEMENTS | 01/01/01 | SL | 39.00 | MM17 | 7,486. | | | | 7,486. | 4,512. | | 192. | 4,704. |
| 7 | BUILDING IMPROVEMENTS | 11/08/01 | SL | 15.00 | HY17 | 3,040. | | | | 3,040. | 3,040. | | 0. | 3,040. |
| 8 | FLOORING | 04/11/02 | SL | 15.00 | HY17 | 1,556. | | | | 1,556. | 1,556. | | 0. | 1,556. |
| 9 | INFANT CARE FURNISHINGS | 06/17/04 | SL | 7.00 | HY17 | 10,613. | | | | 10,613. | 10,613. | | 0. | 10,613. |
| 10 | FIRE ALARM SYSTEM | 09/23/04 | SL | 15.00 | HY17 | 18,817. | | | | 18,817. | 18,817. | | 0. | 18,817. |
| 12 | TODDLER ROOM RENOVATIONS | 12/01/04 | SL | 15.00 | HY17 | 28,482. | | | | 28,482. | 28,482. | | 0. | 28,482. |
| 13 | DONATED AV EQUIPMENT | 07/01/10 | SL | 7.00 | HY17 | 4,414. | | | | 4,414. | 4,414. | | 0. | 4,414. |
| 14 | BUILDING | 06/10/11 | SL | 39.00 | MM17 | 2,793,338. | | | | 2,793,338. | 934,112. | | 71,624. | 1,005,736. |
| 15 | LAND | 06/10/11 | L | | | 75,900. | | | | 75,900. | | | 0. | |
| 16 | PHONE SYSTEM AND INSTALLATION | 06/10/11 | SL | 7.00 | HY17 | 30,080. | | | | 30,080. | 30,080. | | 0. | 30,080. |
| 17 | KITCHEN EQUIPMENT | 06/10/11 | SL | 7.00 | HY17 | 6,315. | | | | 6,315. | 6,315. | | 0. | 6,315. |
| 18 | FLOOR MATS | 06/10/11 | SL | 7.00 | HY17 | 6,566. | | | | 6,566. | 6,566. | | 0. | 6,566. |
| 19 | WINDOW TREATMENTS | 06/10/11 | SL | 7.00 | HY17 | 10,131. | | | | 10,131. | 10,131. | | 0. | 10,131. |

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|----------------------------------|---------------|--------|-------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 20 | NEW BUILDING | 10/01/11 | SL | 39.00 | MM | 17 | 37,457. | | | | 37,457. | 12,253. | | 960. | 13,213. |
| 21 | OLD BUILDING IMPROVEMENTS | 06/01/12 | SL | 27.50 | MM | 17 | 118,671. | | | | 118,671. | 51,934. | | 4,315. | 56,249. |
| 22 | RANGE APT 3 RENTAL | 07/19/12 | SL | 5.00 | HY | 17 | 479. | | | | 479. | 479. | | 0. | 479. |
| 23 | SIGN | 09/17/12 | SL | 15.00 | HY | 17 | 2,793. | | | | 2,793. | 2,209. | | 186. | 2,395. |
| 24 | OLD BUILDING IMPROVEMENTS RENTAL | 02/01/13 | SL | 27.50 | MM | 17 | 7,757. | | | | 7,757. | 3,208. | | 282. | 3,490. |
| 25 | APPLIANCES RENTAL | 05/07/13 | SL | 5.00 | HY | 17 | 459. | | | | 459. | 459. | | 0. | 459. |
| 26 | PRESSURE REDUCERS RENTAL | 05/20/13 | SL | 5.00 | HY | 17 | 1,221. | | | | 1,221. | 1,221. | | 0. | 1,221. |
| 27 | APPLIANCES RENTAL | 05/20/13 | SL | 5.00 | HY | 17 | 1,108. | | | | 1,108. | 1,108. | | 0. | 1,108. |
| 28 | BUILDING IMPROVEMENTS RENTAL | 05/23/13 | SL | 27.50 | MM | 17 | 6,766. | | | | 6,766. | 2,737. | | 246. | 2,983. |
| 29 | BUILDING IMPROVEMENTS | 08/26/13 | SL | 27.50 | MM | 17 | 11,581. | | | | 11,581. | 4,578. | | 421. | 4,999. |
| 30 | BUILDING IMPROVEMENTS | 08/26/13 | SL | 39.00 | MM | 17 | 11,581. | | | | 11,581. | 3,230. | | 297. | 3,527. |
| 31 | DISHWASHER | 03/14/15 | SL | 5.00 | HY | 17 | 649. | | | | 649. | 649. | | 0. | 649. |
| 32 | RENTAL - ELECTRIC RANGE | 03/30/15 | SL | 5.00 | HY | 17 | 949. | | | | 949. | 949. | | 0. | 949. |
| 33 | RENTAL - GAS RANGE | 03/30/15 | SL | 5.00 | HY | 17 | 849. | | | | 849. | 849. | | 0. | 849. |
| 34 | RANGE AND REFRIGERATOR | 10/20/15 | SL | 5.00 | HY | 17 | 1,189. | | | | 1,189. | 1,189. | | 0. | 1,189. |
| 35 | REFRIGERATOR | 02/10/16 | SL | 5.00 | HY | 17 | 649. | | | | 649. | 649. | | 0. | 649. |
| 36 | SECURITY SYSTEM | 04/24/19 | SL | 7.00 | HY | 17 | 10,697. | | | | 10,697. | 7,831. | | 1,528. | 9,359. |
| 37 | PLAYGROUND IMPROVEMENTS | 07/01/20 | SL | 10.00 | | 16 | 27,654. | | | | 27,654. | 11,060. | | 2,765. | 13,825. |

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 38 | DESKS | 08/28/20 | SL | 7.00 | | 16 | 7,795. | | | | 7,795. | 4,270. | | 1,114. | 5,384. |
| 39 | BUILDING IMPROVEMENTS | 09/25/20 | SL | 39.00 | MM | 16 | 33,657. | | | | 33,657. | 3,236. | | 863. | 4,099. |
| 40 | VENTILATION SYSTEM UPGRADE | 10/30/20 | SL | 39.00 | MM | 16 | 34,000. | | | | 34,000. | 3,197. | | 872. | 4,069. |
| 41 | CIS DIAGNOSTIC MACHINE | 08/31/22 | SL | 5.00 | | 16 | 13,425. | | | | 13,425. | 4,923. | | 2,685. | 7,608. |
| 42 | BADGE ENTRY SYSTEM | 03/29/23 | SL | 7.00 | | 16 | 7,177. | | | | 7,177. | 1,281. | | 1,025. | 2,306. |
| 43 | LAND 51 JACK AND JILL | 03/31/23 | L | | | | 44,096. | | | | 44,096. | | | 0. | |
| 44 | BUILDING 51 JACK AND JILL | 03/31/23 | SL | 39.00 | MM | 16 | 334,325. | | | | 334,325. | 10,715. | | 8,572. | 19,287. |
| 45 | FIRE PANEL 51 J&J | 09/13/23 | SL | 39.00 | MM | 16 | 13,829. | | | | 13,829. | 295. | | 355. | 650. |
| 46 | 275 GALLON OIL TANK 51 J&J | 08/24/23 | SL | 39.00 | MM | 16 | 6,707. | | | | 6,707. | 143. | | 172. | 315. |
| 47 | ROOF, CHIMNEY AND ENTRY REPLACEMENT 51 J&J | 05/30/24 | SL | 39.00 | MM | 16 | 85,990. | | | | 85,990. | 184. | | 2,205. | 2,389. |
| 48 | WATER HEATER | 07/29/24 | SL | 7.00 | | 16 | 2,800. | | | | 2,800. | | | 367. | 367. |
| 49 | INSULATION FOR J&J | 12/04/24 | SL | 39.00 | | 16 | 7,200. | | | | 7,200. | | | 108. | 108. |
| | * TOTAL 990 PAGE 10 DEPR | | | | | | 4,193,487. | | | | 4,193,487. | 1,431,981. | | 109,750. | 1,541,731. |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 4,183,487. | | | 0. | 4,183,487. | 1,431,981. | | | 1,541,256. |
| | ACQUISITIONS | | | | | | 10,000. | | | 0. | 10,000. | 0. | | | 475. |
| | DISPOSITIONS/RETIRED | | | | | | 0. | | | 0. | 0. | 0. | | | 0. |
| | ENDING BALANCE | | | | | | 4,193,487. | | | 0. | 4,193,487. | 1,431,981. | | | 1,541,731. |

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

| Section 382 Annual Limitation | | Section 382 Carryover | | | | | | | | | |
|-------------------------------|---------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|-----------------|-----------------|
| Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for 06/30/19 | Amount Used for 06/30/20 | Amount Used for 06/30/22 | Amount Used for 06/30/23 | Amount Used for 06/30/24 | Amount Used for 06/30/25 | Amount Used for | Amount Used for | Amount Used for |
| A | 2011 | 11,697. | 11,697. | 4,057. | 7,640. | | | | | | |
| B | 2012 | 15,556. | 15,556. | | 1,441. | 8,026. | 3,799. | 2,040. | 250. | | |
| C | 2013 | 1,574. | 1,574. | | | | | | 1,574. | | |
| D | 2014 | 4,565. | 4,565. | | | | | | 4,565. | | |
| E | 2015 | 15,790. | 2,595. | | | | | | 2,595. | | |
| F | 2017 | 5,884. | | | | | | | | | |
| G | | | | | | | | | | | |
| H | | | | | | | | | | | |
| I | | | | | | | | | | | |
| J | | | | | | | | | | | |
| K | | | | | | | | | | | |
| L | | | | | | | | | | | |
| M | | | | | | | | | | | |
| N | | | | | | | | | | | |
| O | | | | | | | | | | | |
| P | | | | | | | | | | | |
| Q | | | | | | | | | | | |
| R | | | | | | | | | | | |
| S | | | | | | | | | | | |
| T | | | | | | | | | | | |
| U | | | | | | | | | | | |
| V | | | | | | | | | | | |
| W | | | | | | | | | | | |
| Detail Type | ESBC | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | | | | | | | | | | | |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |
| E | | | | | | | | | | | |
| F | | | | | | | | | | | |
| G | | | | | | | | | | | |
| H | | | | | | | | | | | |
| I | | | | | | | | | | | |
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| K | | | | | | | | | | | |
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| S | | | | | | | | | | | |
| T | | | | | | | | | | | |
| U | | | | | | | | | | | |
| V | | | | | | | | | | | |
| W | | | | | | | | | | | |

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section A-F containing organization name (Springfield Area Parent Child Center), address (80 Jack and Jill Lane, North Springfield, VT 05150), EIN (22-3174684), and book value (3,469,253).

Form header section G-L containing organization type (501(c) corporation), filing status, and contact information (phone number 802-886-5242).

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 8,984 to 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts, with total tax at 0.

Table for Part III: Tax and Payments. Rows 1a-4 showing credits and tax amounts, with total tax at 0.

| Part III Tax and Payments <i>(continued)</i> | | | |
|---|--|-----------|----|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | 0. |
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | |
| c | Tax deposited with Form 8868 | 6c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | |
| e | Backup withholding (see instructions) | 6e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | |
| g | Elective payment election amount from Form 3800 | 6g | |
| h | Payment from Form 2439 | 6h | |
| i | Credit from Form 4136 | 6i | |
| j | Other (see instructions) | 6j | |
| 7 | Total payments. Add lines 6a through 6j | 7 | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | |
| 11 | Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded | 11 | |

| Part IV Statements Regarding Certain Activities and Other Information <i>(see instructions)</i> | | | |
|--|--|-----------------------------------|----|
| 1 | At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| | | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | X |
| | If "Yes," see instructions for other forms the organization may have to file. | | |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ <u>28,063.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| | Business Activity Code | Available post-2017 NOL carryover | |
| | 531110 | \$ 11,265. | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| 6 a | Reserved for future use | | |
| b | Reserved for future use | | |

Part V Supplemental Information

Provide any additional information. See instructions.

| | | | | | |
|-------------------------------|--|----------------------|------------|---|---|
| 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 | Date | Title | | |
| | | | TREASURER | | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | CONNIE FELLION | CONNIE FELLION | 05/12/26 | | P01875413 |
| | Firm's name | Firm's address | | Firm's EIN | Phone no. |
| MCSOLEY MCCOY & CO. | 118 TILLEY DRIVE, STE. 202 SOUTH BURLINGTON, VT 05403 | | 03-0327374 | (802) 658-1808 | |

FORM 990-T PRE 2018 NOL SCHEDULE STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 28,063.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 8,984.

| | |
|------------------------------------|------------------|
| SCHEDULE A PORTION OF PRE-2018 NOL | |
| SCHEDULE A ENTITY | SCHEDULE A SHARE |
| 1 | 0. |

| | |
|--|---------|
| TOTAL SCHEDULE A SHARE OF PRE-2018 NOL | 0. |
| NET OPERATING DEDUCTION | 8,984. |
| BALANCE AFTER PRE-2018 NOL DEDUCTION | 0. |
| EXPIRING NET OPERATING LOSSES | 0. |
| CARRY FORWARD OF NET OPERATING LOSS | 19,079. |

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 2

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/12 | 11,697. | 11,697. | 0. | 0. |
| 06/30/13 | 15,556. | 15,306. | 250. | 250. |
| 06/30/14 | 1,574. | 0. | 1,574. | 1,574. |
| 06/30/15 | 4,565. | 0. | 4,565. | 4,565. |
| 06/30/16 | 15,790. | 0. | 15,790. | 15,790. |
| 06/30/18 | 5,884. | 0. | 5,884. | 5,884. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 28,063. | 28,063. |

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|--|--|
| A Name of the organization SPRINGFIELD AREA PARENT CHILD CENTER | B Employer identification number 22-3174684 |
| C Unrelated business activity code (see instructions) 531110 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business **RESIDENTIAL RENTAL APARTMENTS**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|-----------|------------|--------------|---------|
| 1 a Gross receipts or sales _____ | | | | |
| b Less returns and allowances _____ c Balance | 1c | | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | | |
| 6 Rent income (Part IV) | 6 | | | |
| 7 Unrelated debt-financed income (Part V) | 7 | 67,047. | 58,063. | 8,984. |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 Advertising income (Part IX) | 11 | | | |
| 12 Other income (see instructions; attach statement) | 12 | | | |
| 13 Total. Combine lines 3 through 12 | 13 | 67,047. | 58,063. | 8,984. |

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | | |
|--|-----------|-----------|--------|
| 1 Compensation of officers, directors, and trustees (Part X) | | 1 | |
| 2 Salaries and wages | | 2 | |
| 3 Repairs and maintenance | | 3 | |
| 4 Bad debts | | 4 | |
| 5 Interest (attach statement). See instructions | | 5 | |
| 6 Taxes and licenses | | 6 | |
| 7 Depreciation (attach Form 4562). See instructions | 7 | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | 8b | |
| 9 Depletion | | 9 | |
| 10 Contributions to deferred compensation plans | | 10 | |
| 11 Employee benefit programs | | 11 | |
| 12 Excess exempt expenses (Part VIII) | | 12 | |
| 13 Excess readership costs (Part IX) | | 13 | |
| 14 Other deductions (attach statement) | | 14 | |
| 15 Total deductions. Add lines 1 through 14 | | 15 | 0. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | 16 | 8,984. |
| 17 Deduction for net operating loss. See instructions | | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | 18 | 8,984. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | 0. | | | |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) | | | | |
| 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) | 0. | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A **RESIDENTIAL APARTMENTS**

B _____

C _____

D _____

| | A | B | C | D |
|---|-------------|---|---|---|
| 2 Gross income from or allocable to debt-financed property | 109,745. | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | 0. | | | |
| b Other deductions (attach statement) STMT 6 | 95,040. | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | 95,040. | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT | 41,617,566. | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 5 | 2,647,696. | | | |
| 6 Divide line 4 by line 5 | 61.093% | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | 67,047. | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 67,047. | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | 58,063. | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 58,063. | | | |
| 11 Total dividends-received deductions included in line 10 | 0. | | | |

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|---|---|--|
| | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). | | |
| Totals | | | 0. | 0. | | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|--|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A). | | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/21 | 11,265. | 0. | 11,265. | 11,265. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 11,265. | 11,265. |

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 4
AVERAGE ACQUISITION DEBT

| DESCRIPTION OF DEBT-FINANCED PROPERTY | ACTIVITY NUMBER | AMOUNT OF OUTSTANDING DEBT |
|---------------------------------------|-----------------|----------------------------|
| RESIDENTIAL APARTMENTS | 1 | |
| BEGINNING FIRST MONTH | | 1,648,973. |
| BEGINNING SECOND MONTH | | 1,643,322. |
| BEGINNING THIRD MONTH | | 1,637,653. |
| BEGINNING FOURTH MONTH | | 1,631,967. |
| BEGINNING FIFTH MONTH | | 1,626,262. |
| BEGINNING SIXTH MONTH | | 1,620,540. |
| BEGINNING SEVENTH MONTH | | 1,614,800. |
| BEGINNING EIGHTH MONTH | | 1,609,042. |
| BEGINNING NINTH MONTH | | 1,603,266. |
| BEGINNING TENTH MONTH | | 1,597,472. |
| BEGINNING ELEVENTH MONTH | | 1,591,660. |
| BEGINNING TWELFTH MONTH | | 1,585,830. |
| TOTAL OF ALL MONTHS | | 19,410,787. |
| NUMBER OF MONTHS IN YEAR | | 12 |
| AVERAGE ACQUISITION DEBT | | 1,617,566. |

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 5
 AVERAGE ADJUSTED BASIS

| DESCRIPTION OF DEBT-FINANCED PROPERTY | ACTIVITY NUMBER | AMOUNT |
|--|-----------------|------------|
| RESIDENTIAL APARTMENTS | 1 | |
| AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR | | 2,738,790. |
| AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR | | 2,556,601. |
| AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR | | 2,647,696. |

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 6

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | PERCENT ALLOCABLE | ALLOCABLE TOTAL |
|--|-----------------|---------|-------------------|-----------------|
| INTEREST EXPENSE | | 5,454. | | |
| OCCUPANCY EXPENSES | | 49,656. | | |
| MANAGEMENT FEES | | 2,943. | | |
| PROPERTY TAXES | | 18,694. | | |
| DEPRECIATION | | 17,058. | | |
| OPERATING SUPPLIES | | 864. | | |
| PROFESSIONAL FEES | | 371. | | |
| - SUBTOTAL - | 1 | 95,040. | 1.00 | 95,040. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B) | | | | 95,040. |

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPRINGFIELD AREA PARENT CHILD CENTER

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--------------------------------|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 1 | MAIN ST. BUILDING | 053097 | SL | 39.00 | 17 | 175,795. | | | 175,795. | 121,508. | | 4,508. |
| 2 | LAND | 053097 | L | | | 20,000. | | | 20,000. | | | 0. |
| 3 | BUILDING IMPROVEMENTS | 063097 | SL | 39.00 | 17 | 14,675. | | | 14,675. | 10,110. | | 376. |
| 4 | MAIN ST. BUILDING IMPROVEMENTS | 090197 | SL | 39.00 | 17 | 144,769. | | | 144,769. | 99,156. | | 3,712. |
| 5 | PAVEMENT | 042700 | SL | 10.00 | 17 | 8,000. | | | 8,000. | 7,733. | | 0. |
| 6 | BUILDING IMPROVEMENTS | 010101 | SL | 39.00 | 17 | 7,486. | | | 7,486. | 4,512. | | 192. |
| 7 | BUILDING IMPROVEMENTS | 110801 | SL | 15.00 | 17 | 3,040. | | | 3,040. | 3,040. | | 0. |
| 8 | FLOORING | 041102 | SL | 15.00 | 17 | 1,556. | | | 1,556. | 1,556. | | 0. |
| 9 | INFANT CARE FURNISHINGS | 061704 | SL | 7.00 | 17 | 10,613. | | | 10,613. | 10,613. | | 0. |
| 10 | FIRE ALARM SYSTEM | 092304 | SL | 15.00 | 17 | 18,817. | | | 18,817. | 18,817. | | 0. |
| 12 | TODDLER ROOM RENOVATIONS | 120104 | SL | 15.00 | 17 | 28,482. | | | 28,482. | 28,482. | | 0. |
| 13 | DONATED AV EQUIPMENT | 070110 | SL | 7.00 | 17 | 4,414. | | | 4,414. | 4,414. | | 0. |
| 14 | BUILDING | 061011 | SL | 39.00 | 17 | 2793338. | | | 2793338. | 934,112. | | 71,624. |
| 15 | LAND | 061011 | L | | | 75,900. | | | 75,900. | | | 0. |
| 16 | PHONE SYSTEM AND INSTALLATION | 061011 | SL | 7.00 | 17 | 30,080. | | | 30,080. | 30,080. | | 0. |
| 17 | KITCHEN EQUIPMENT | 061011 | SL | 7.00 | 17 | 6,315. | | | 6,315. | 6,315. | | 0. |
| 18 | FLOOR MATS | 061011 | SL | 7.00 | 17 | 6,566. | | | 6,566. | 6,566. | | 0. |
| 19 | WINDOW TREATMENTS | 061011 | SL | 7.00 | 17 | 10,131. | | | 10,131. | 10,131. | | 0. |

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPRINGFIELD AREA PARENT CHILD CENTER

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|----------------------------------|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 20 | NEW BUILDING | 100111 | SL | 39.00 | 17 | 37,457. | | | 37,457. | 12,253. | | 960. |
| 21 | OLD BUILDING IMPROVEMENTS | 060112 | SL | 27.50 | 17 | 118,671. | | | 118,671. | 51,934. | | 4,315. |
| 22 | RANGE APT 3 RENTAL | 071912 | SL | 5.00 | 17 | 479. | | | 479. | 479. | | 0. |
| 23 | SIGN | 091712 | SL | 15.00 | 17 | 2,793. | | | 2,793. | 2,209. | | 186. |
| 24 | OLD BUILDING IMPROVEMENTS RENTAL | 020113 | SL | 27.50 | 17 | 7,757. | | | 7,757. | 3,208. | | 282. |
| 25 | APPLIANCES RENTAL | 050713 | SL | 5.00 | 17 | 459. | | | 459. | 459. | | 0. |
| 26 | PRESSURE REDUCERS RENTAL | 052013 | SL | 5.00 | 17 | 1,221. | | | 1,221. | 1,221. | | 0. |
| 27 | APPLIANCES RENTAL | 052013 | SL | 5.00 | 17 | 1,108. | | | 1,108. | 1,108. | | 0. |
| 28 | BUILDING IMPROVEMENTS RENTAL | 052313 | SL | 27.50 | 17 | 6,766. | | | 6,766. | 2,737. | | 246. |
| 29 | BUILDING IMPROVEMENTS | 082613 | SL | 27.50 | 17 | 11,581. | | | 11,581. | 4,578. | | 421. |
| 30 | BUILDING IMPROVEMENTS | 082613 | SL | 39.00 | 17 | 11,581. | | | 11,581. | 3,230. | | 297. |
| 31 | DISHWASHER | 031415 | SL | 5.00 | 17 | 649. | | | 649. | 649. | | 0. |
| 32 | RENTAL - ELECTRIC RANGE | 033015 | SL | 5.00 | 17 | 949. | | | 949. | 949. | | 0. |
| 33 | RENTAL - GAS RANGE | 033015 | SL | 5.00 | 17 | 849. | | | 849. | 849. | | 0. |
| 34 | RANGE AND REFRIGERATOR | 102015 | SL | 5.00 | 17 | 1,189. | | | 1,189. | 1,189. | | 0. |
| 35 | REFRIGERATOR | 021016 | SL | 5.00 | 17 | 649. | | | 649. | 649. | | 0. |
| 36 | SECURITY SYSTEM | 042419 | SL | 7.00 | 17 | 10,697. | | | 10,697. | 7,831. | | 1,528. |
| 37 | PLAYGROUND IMPROVEMENTS | 070120 | SL | 10.00 | 16 | 27,654. | | | 27,654. | 11,060. | | 2,765. |

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPRINGFIELD AREA PARENT CHILD CENTER

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---------------------------------------|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 38 | DESKS | 082820 | SL | 7.00 | 16 | 7,795. | | | 7,795. | 4,270. | | 1,114. |
| 39 | BUILDING IMPROVEMENTS | 092520 | SL | 39.00 | 16 | 33,657. | | | 33,657. | 3,236. | | 863. |
| 40 | VENTILATION SYSTEM UPGRADE | 103020 | SL | 39.00 | 16 | 34,000. | | | 34,000. | 3,197. | | 872. |
| 41 | CIS DIAGNOSTIC MACHINE | 083122 | SL | 5.00 | 16 | 13,425. | | | 13,425. | 4,923. | | 2,685. |
| 42 | BADGE ENTRY SYSTEM | 032923 | SL | 7.00 | 16 | 7,177. | | | 7,177. | 1,281. | | 1,025. |
| 43 | LAND 51 JACK AND JILL | 033123 | L | | | 44,096. | | | 44,096. | | | 0. |
| 44 | BUILDING 51 JACK AND JILL | 033123 | SL | 39.00 | 16 | 334,325. | | | 334,325. | 10,715. | | 8,572. |
| 45 | FIRE PANEL 51 J&J | 091323 | SL | 39.00 | 16 | 13,829. | | | 13,829. | 295. | | 355. |
| 46 | 275 GALLON OIL TANK 51 J&J | 082423 | SL | 39.00 | 16 | 6,707. | | | 6,707. | 143. | | 172. |
| 47 | ROOF, CHIMNEY AND ENTRY REPLACEMENT 5 | 053024 | SL | 39.00 | 16 | 85,990. | | | 85,990. | 184. | | 2,205. |
| 48 | WATER HEATER | 072924 | SL | 7.00 | 16 | 2,800. | | | 2,800. | | | 367. |
| 49 | INSULATION FOR J&J | 120424 | SL | 39.00 | 16 | 7,200. | | | 7,200. | | | 108. |
| | * TOTAL 990 PAGE 10 DEPR | | | | | 4193487. | | 0. | 4193487. | 1431981. | | 109,750. |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | 4183487. | | 0. | 4183487. | 1431981. | | |
| | ACQUISITIONS | | | | | 10,000. | | 0. | 10,000. | 0. | | |
| | DISPOSITIONS | | | | | 0. | | 0. | 0. | 0. | | |
| | ENDING BALANCE | | | | | 4193487. | | 0. | 4193487. | 1431981. | | |