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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2012**Open to Public Inspection**

A For the 2012 calendar year, or tax year beginning **Oct 1**, 2012, and ending **Sep 30**, 2013

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

C Name of organization
Lake Champlain Islands Economic Development Corporation

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3501 U.S. Route 2

City or town, state or country, and ZIP + 4
North Hero VT 05474

D Employer identification number
32-0390821

E Telephone number
(802) 372-8400

F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **champlainislands.com**

J Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c) (**6**) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 88,580.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	58,001.
	2	Program service revenue including government fees and contracts	2	5,354.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
EXPENSES	6b	Gross income from fundraising events (not including \$ 350. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	7,386.
	6c	Less: direct expenses from gaming and fundraising events	6c	3,993.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,393.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue	8	17,839.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	84,587.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
ASSETS	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	5,977.
	14	Occupancy, rent, utilities, and maintenance	14	9,518.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	57,681.
	17	Total expenses. Add lines 10 through 16	17	73,176.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,411.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20	Other changes in net assets or fund balances (explain in Schedule O) See L-20 Stmt	20	47,766.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	59,177.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0.	22 17,000.
23 Land and buildings	0.	23 128,846.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets		25 145,846.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	0.	26 86,669.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	27 59,177.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Deliver economic development services to Grand Isle County, VT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>Economic development services through small business counseling, offering free workshops and free training for the local workforce, and providing State and Federal resources to local businesses.</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	28 a	
29 -----		
(Grants \$) If this amount includes foreign grants, check here ☐	29 a	
30 -----		
(Grants \$) If this amount includes foreign grants, check here ☐	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) ☐Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Steven Stata</u>				
<u>President</u>	1.00	0.	0.	0.
<u>Bob Livingstone</u>				
<u>Vice-President</u>	1.00	0.	0.	0.
<u>Walter Blasberg</u>				
<u>Secretary</u>	1.00	0.	0.	0.
<u>Joe Bauer</u>				
<u>Treasurer</u>	1.00	0.	0.	0.
<u>Paul Bruhn</u>				
<u>Director</u>	1.00	0.	0.	0.
<u>Bob Camp</u>				
<u>Director</u>	1.00	0.	0.	0.
<u>Ohmer Corbin</u>				
<u>Director</u>	1.00	0.	0.	0.
<u>Dan Farnum</u>				
<u>Director</u>	1.00	0.	0.	0.
<u>Ruth Wallman</u>				
<u>Executive Director</u>	40.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

- 33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O
- 34** Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 35 a** Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
- b** If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O
- c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III
- 36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N
- 37 a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37 a** 0.
- b** Did the organization file Form 1120-POL for this year?
- 38 a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
- b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38 b**
- 39** Section 501(c)(7) organizations. Enter:
- a** Initiation fees and capital contributions included on line 9 **39 a**
- b** Gross receipts, included on line 9, for public use of club facilities **39 b**
- 40 a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 **40 a**, section 4912 **40 a**; section 4955 **40 a**
- b** Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **40 b**
- c** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40 c**
- d** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization **40 d**
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **40 e**
- 41** List the states with which a copy of this return is filed **41**

	Yes	No
33		X
34		X
35 a	X	
35 b	X	
35 c		X
36		X
37 b		X
38 a		X
38 b		
39 a		
39 b		
40 b		
40 c		
40 d		
40 e		X

42 a The organization's books are in care of **Joe Bauer** Telephone no **(802) 372-6904**
 Located at **10 Northland Lane** **North Hero** **VT** ZIP + 4 **05474**

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- If 'Yes,' enter the name of the foreign country **42 b**

	Yes	No
42 b		X
42 c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?
- If 'Yes,' enter the name of the foreign country: **42 c**

- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

- 44 a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44 a**
- b** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44 b**
- c** Did the organization receive any payments for indoor tanning services during the year? **44 c**
- d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44 d**
- 45 a** Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? **45 a**
- b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) **45 b**

	Yes	No
44 a		X
44 b		X
44 c		X
44 d		
45 a		X
45 b		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

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

Sign Here	Signature of officer <u>Ruth Wallman</u>		Date <u>August 11, 2014</u>	
	Type or print name and title <u>Ruth Wallman, Exec. Director</u>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed
	Wallace W. Tapia, CPA	<u>Wallace W. Tapia</u>	<u>Aug 5, 2014</u>	PTIN <u>P00070404</u>
	Firm's name	Firm's EIN		
	Firm's address	Phone no		
	Wallace W Tapia PC	03-0323274		
	131 Main St 8th Fl	(802) 863-6370		
	Burlington VT 05401			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Name of the organization

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

► **Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

Lake Champlain Islands Economic Development Corporation

32-0390821

Form 990-EZ, Pt I, Line 8 See "Other Revenue" Schedule

Form 990-EZ, Pt I, Line 16 See "Other Expenses" Schedule

Form 990-EZ, Pt I, Line 20 See "Other Changes in Net Assets" Schedule

Form 990-EZ, Pt II, Line 26 See "Total Liabilities" Schedule

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

Rental income	<u>17,839.</u>
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Total	<u><u>17,839.</u></u>
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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Apartment rental expenses	<u>10,042.</u>
----------------------------------	----------------

Advertising and promotion	<u>1,615.</u>
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Depreciation	<u>3,212.</u>
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Administrative services	<u>32,752.</u>
--------------------------------	----------------

Office Expense	<u>2,431.</u>
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Donations	<u>850.</u>
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Dues	<u>560.</u>
-------------	-------------

Grant expense - HUD	<u>2,322.</u>
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Travel and meetings	<u>2,016.</u>
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Insurance	<u>1,881.</u>
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Total	<u><u>57,681.</u></u>
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• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Lake Champlain Islands Economic Development Corporation	32-0390821
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	3501 U.S. Route 2	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	North Hero VT 05474	

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

01

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

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

• The books are in care of Ruth Wallman

Telephone No. (802) 372-8400

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

If this is for the

whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Aug 15, 20 14

5 For calendar year , or other tax year beginning Oct 1, 20 12, and ending Sep 30, 20 13.

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension Additional time is required in order to compile all of the information necessary to prepare a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8a \$ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8b \$ 0.

c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

8c \$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Ruth Wallman

Title CPA/AGENT

Date May 5, 2014

BAA

FIFZ0502 01/21/13

Form 8868 (Rev 1-2013)

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

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits***Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Enter filer's identifying number, see instructions**

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Lake Champlain Islands Economic Development Corporation	32-0390821
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	3501 U.S. Route 2	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	North Hero VT 05474	

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

01

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

- The books are in the care of ► **Ruth Wallman** -----

Telephone No. ► **(802) 372-8400** ----- FAX No. ► -----

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **May 15** __, 20 **14** __, to file the exempt organization return for the organization named above.
The extension is for the organization's return for

- ☐ calendar year 20 ____ or
► ☒ tax year beginning **Oct 1** __, 20 **12** __, and ending **Sep 30** __, 20 **13** __

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions