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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2014

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 01 January, 2014, and ending 31 December, 20 14

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: LSM Corporation
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 16
 City or town, state or province, country, and ZIP or foreign postal code
Afton NY 13730-0016

D Employer identification number: 02-0376997

E Telephone number: 607 639 2279

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: ▶ www.VCOA.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 151,262.13

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	0
2	Program service revenue including government fees and contracts	0
3	Membership dues and assessments	122,353.13
4	Investment income	25.66
5a	Gross amount from sale of assets other than inventory	0
5b	Less: cost or other basis and sales expenses	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
6b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	17,548.00
6c	Less: direct expenses from gaming and fundraising events	13,503.18
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	4,044.82
7a	Gross sales of inventory, less returns and allowances	7,352.18
7b	Less: cost of goods sold	2,911.01
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	4,441.17
8	Other revenue (describe in Schedule O)	4,100.00
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	134,964.78
10	Grants and similar amounts paid (list in Schedule O)	0
11	Benefits paid to or for members	0
12	Salaries, other compensation, and employee benefits	0
13	Professional fees and other payments to independent contractors	62,717.75
14	Occupancy, rent, utilities, and maintenance	8,174.40
15	Printing, publications, postage, and shipping	46,936.17
16	Other expenses (describe in Schedule O)	8,685.64
17	Total expenses. Add lines 10 through 16	126,513.96
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	8,450.82
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)	80,584.11
20	Other changes in net assets or fund balances (explain in Schedule O)	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	89,034.93

For Paperwork Reduction Act Notice, see the separate instructions. Cat No. 10642I Form **990-EZ** (2014)

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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	73,289.11	22 81,101.29
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	7,295.00	24 7,933.64
25 Total assets	80,584.11	25 89,034.93
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,584.11	27 89,034.93

Part III Statement of Program Service Accomplishments (see the instructions 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? **Provide information & social events for Volvo enthusiasts.**

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, optional for others)
28 Publish and distribute 6 issues of Rolling magazine to over 2800 members. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 Maintain membership listing and models of Volvos owned and provide various member services, such as information, commemorative items, listing of dealers offering discounts, and access to discounted vehicle purchase program. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Sponsor local club chapters and co-ordinate enthusiast gatherings at various locatins nationwide, as well as an annual national meet. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
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
JohnHoltzapple Leola PA	President, 10	-0-	-0-	-0-
Gretchen Adams Afton NY	Vice President, 24	26,544.00	-0-	-0-
Armand Brandao Taunton MA	Treasurer, 3	1,200.00	-0-	-0-
Jan Nystrom York PA	Director, Rolling Editor, 20	24,000.00	-0-	-0-
Bart Klein Kansas City MO	Secretary, 3	-0-	-0-	-0-
Hugh Donnelly Fairfield Ct	Director, Counsel	-0-	-0-	-0-
Mike Dudek Morgan Hill CA	Director, Advertising Mgr, 1	610.00	-0-	-0-
Ryan Ottochian Otisville NY	Director, Chapter Coordinator	-0-	-0-	-0-
Phil Salmon Boxford MA	Director	-0-	-0-	-0-
Rory Madden Prescott Valley AZ	Director	-0-	-0-	-0-
Duncan LaBay Newburyport MA	Director	-0-	-0-	-0-
Faye Van Vorce Harpurville NY	Office Manager, 16	4,215.00	-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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
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	46	✓

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

	Yes	No
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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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	(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 ▶ _____

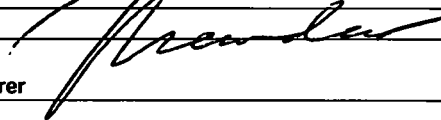
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(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 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 	Date 13 JAN 2015
	Armand Brandao, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization LSM Corporation	Employer identification number 02-037699
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Form 990-EZ, Line 9, Other Revenue, \$4,100.00, is from advertising in Rolling Magazine

Form 990-EZ, Line 16 detail, Other Expenses, \$8,685.64, includes:

Bank Service Charges: \$92.00

Online Sales Fees: \$3,648.53

VCOA.org domain name: \$119.40

Event Insurance: \$3,799.31

Hospitality: \$85.00

Club Promotion: \$941.40

Form 990-EZ, Line 24A, Other Assets, \$7,295.00, includes:

Accounts Receivable: \$912.10

Inventory: \$5181.20

Office Equipment: \$901.69

Form 990-EZ, Line 24B, Other Assets, \$7,933.64, includes:

Accounts Receivable: \$912.10

Inventory: \$5,121.20

Office Equipment: \$1900.00