

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Open to Public Inspection

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/Form990EZ for instructions and the latest information.



A For the 2018 calendar year, or tax year beginning 01 January, 2018, and ending 31 December, 20 18

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 07

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

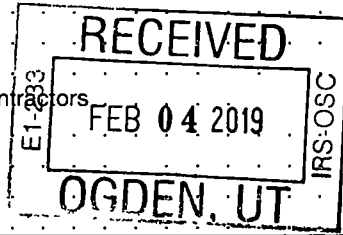
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **144,315**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																												0	
	2	Program service revenue including government fees and contracts																												0	
	3	Membership dues and assessments																												109,589	
	4	Investment income																												27	
	5a	Gross amount from sale of assets other than inventory					0																							0	
	b	Less: cost or other basis and sales expenses					0																							0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													0
	6	Gaming and fundraising events:																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																													0
	b	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)									28,259																				28,259
c	Less: direct expenses from gaming and fundraising events									31,209																				31,209	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													-2,950	
7a	Gross sales of inventory, less returns and allowances									2,585																				2,585	
b	Less: cost of goods sold									2,397																				2,397	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													188	
8	Other revenue (describe in Schedule O)																													3,855	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													110,709	
Expenses	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																												64,460	
	14	Occupancy, rent, utilities, and maintenance																												19,155	
	15	Printing, publications, postage, and shipping																												31,670	
	16	Other expenses (describe in Schedule O)																												3,421	
17	Total expenses. Add lines 10 through 16																												118,707		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												-7,997	
	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)																												111,819	
	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																												103,822	



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	106,471	98,943
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	5,348	4,879
25 Total assets	11,819	103,822
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	111,819	103,822

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? Promoting and satisfying enthusiasm for Volvo cars.

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		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Maintain membership listing and models of various Volvo automobiles owned and provide various member services, such as information, commemorative items, listing of dealers offering discounts, and access to a discounted purchase program.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 Sponsor local chapters and co-ordinate enthusiast gatherings at various locations nationwide, as well as an annual national event.		
(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
John Holtzaple President	10	0	0	0
Gretchen Adams Vice President	24	28,859	0	0
Armand Brandao Treasurer	3	1,200	0	0
Connor Kleck Secretary	3	0	0	0
Jan Nystrom Director & Rolling Editor	20	24,000	0	0
Hugh Donnelly Director & Counsel	1	0	0	0
Mike Dudek Director & Advertising Manager	3	1,895	0	0
Ryan Ottochian Director & Chapter Coordinator	1	0	0	0
Phil Salmon Director	0	0	0	0
Duncan LaBay Director	0	0	0	0
Jay Norton Director	0	0	0	0
Faye VanVorce Office Manager	16	4,368	0	0

GO

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

	Yes	No
33 Did the organization engage in any significant 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		✓
35a 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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?		✓
38a 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		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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		✓
41 List the states with which a copy of this return is filed ▶ _____		
42a The organization's books are in care of ▶ <u>Armand Brandao, Treasurer</u> Telephone no. ▶ <u>781 255 4723</u> Located at ▶ <u>737 Burt St, Taunton MA</u> ZIP + 4 ▶ <u>02780-2203</u>		
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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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		✓

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	✓

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	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?		
49b	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	(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 <u>30 JAN 2018</u>
	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

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
		2018 National Meet (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	28259.00			
	2 Less: Contributions	0			
	3 Gross income (line 1 minus line 2)	28259.00			
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	0			
	6 Rent/facility costs	22914.07			
	7 Food and beverages	0			
	8 Entertainment	0			
	9 Other direct expenses	5429.96			
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				28344.03
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-85.03	

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

- 9** Enter the state(s) in which the organization conducts gaming activities. _____
- 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 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

LSM Corporation

Employer identification number

02-0376997

Form 990-EZ, Line 8, Other Revenue: Advertising in Rolling Magazine, \$3,855.00

Form 990-EZ, Line 16, Other Expenses:

Online Sales Fees: \$2,653.27

Club Promotion: \$567.20

Form 990-EZ, Lines 24a&b: Office Equipment & Supplies