

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-0047
2020

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2020 calendar year, or tax year beginning 01 January , 2020, and ending 31 December , 20 20

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) PO Box 16
 City or town, state or province, country, and ZIP or foreign postal code Afton NY 13730-0016

D Employer identification number 020376997

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](http://www.VCOA.org)

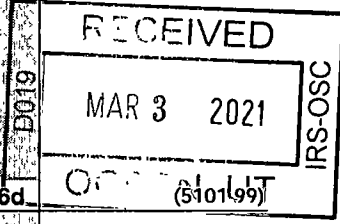
J Tax-exempt status (check only one) - 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$ 152,638 59

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	Contributions, gifts, grants, and similar amounts received	10,000 00	2	0	3	130,860 53	4	49 06	5a	0	5b	0	5c	0	6a	0	6b	0	6c	5,101 99	6d	0	7a	2,159 00	7b	1,853.03	7c	305 97	8	9,570 00	9	145,683 57
Expenses	Grants and similar amounts paid (list in Schedule O)	10	0	11	0	12	0	13	64,427.12	14	18,588 50	15	33,551 52	16	7,099 83	17	122,666 97	18	23,016 60	19	132,170 85	20	0	21	155,187 45							
Net Assets	Excess or (deficit) for the year (subtract line 17 from line 9)	18	23,016 60	19	132,170 85	20	0	21	155,187 45																							



SCANNED JAN 25 2022

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	124,822 72	22 158,991.68
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	7,348 13	24 7,755.77
25 Total assets	132,170 85	25 166,747 45
26 Total liabilities (describe in Schedule O)	0	26 11,560 00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	132,170 85	27 155,187 45

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

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.

28 Publish and distribute 6 issues of Rolling magazine		
(Grants \$ 4,000 00) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	55,614 52
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 discounted purchase program.		
(Grants \$ 2,500 00) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	49,771 65
30 Sponsor local chapters and coordinate enthusiast gatherings at various locations nationwide, as well as an annual national event		
(Grants \$ 3,500 00) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	8,601 99
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 Holtzapple Director & President	10	0	0	0
Gretchen Adams Director, Vice President, & Membership Coordinator	24	25,643.70	0	0
Armand Brandao Treasurer	3	1,200 00	0	0
Faye VanVorce Office Manager	24	4,386 00	0	0
Connor Kleck Director & Secretary	3	0	0	0
Jan Nystrom Director & Rolling editor	20	24,000 00	0	0
Hugh Donnelly Director & Counsel	1	0	0	0
Mike Dudeck Director & Advertising Manager	3	2,063 00	0	0
Ryan Ottochian Director & Chapter Coordinator	1	0	0	0
Duncan LaBay Director	0	0	0	0
Jay Norton Director	1	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 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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b 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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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:
40b 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?
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Armand Brandao, Treasurer Telephone no. 508 823 2473 Located at 737 Burt St, Taunton, Massachusetts ZIP + 4 02780-2203
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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		<input checked="" type="checkbox"/>

 ?

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

	Yes	No
48		

 ?

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

	Yes	No
49a		

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

	Yes	No
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: Armand Brandao Date: 25 FEB 2021

Armand Brandao, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check 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.

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

OMB No 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
LSM Corporation

Employer identification number
02-0376997

Line 1, Contributions, et cetera: \$10,000 00 contribution from Volvo Car, North America, allocated as follows National Meet \$3,500 00,
Rolling magazine \$4,000 00, Club Promotion \$2,500 00

Line 6b, Fundraising Event Income \$0 00 National Meet (postponed to 2021).

Line 6c, Fundraising Even Expenses \$5,051.99 prepaid expenses for 2020 National Meet - venue reservation & Carlisle PA show (\$50 00)

Line 8, Other Revenue Advertising revenue from Rolling magazine \$9,570 00

Line 13, Payments to Independent Contractors See Part IV of 990-EZ, column c

Line 14, Office Occupancy Expenses Utilities \$2,858.43, Communications Services \$1,747 96, Office Supplies \$3,473.54, Printing \$1,596.24,
Postage & Delivery \$5,884 78, Insurance \$420 00, Corporate Registration Renewal \$27 00, Bank Service Charges \$134 00, Website Hosting
\$46 55.

Line 15, Printing, et cetera for Rolling Magazine Printing \$22,762 40, Postage \$9,989 12, Purchased Content \$800 00

Line 16, Other Expenses: Online Sales Fees \$3,865.05, Recruitment & Promotion \$3,234 78

Lines 24a&b Office equipment & supplies

Line 26b: Prepaid memberships sold to dealerships for later activation for their customers