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Form 990

Department of the Treasury Internal Revenue Service

#### Return of Organization Exempt From Income Tax

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

2013
Open to Public Inspection

Form **990** (2013)

For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14D Employer identification number C Name of organization Check if applicable LAMOILLE ECONOMIC DEVELOPMENT CORP. Address change 03-0221525 Doing Business As Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return 802-888-5640 Terminated City or town, state or province, country, and ZIP or foreign postal code 228,401 MORRISVILLE 05661 Amended return G Gross receipts \$ Name and address of principal officer Application pending H(a) Is this a group return for subordinates? JOHN MANDEVELLE PO BOX 455 H(b) Are all subordinates included? 05661 If "No," attach a list (see instructions) MORRISVILLE X 501(c) ( 4 ) **◀** (insert no ) Tax-exempt status 501(c)(3) www.lamoilleeconomy.org Website > H(c) Group exemption number ▶ Year of formation 1968 X Corporation Trust M State of legal domicile Form of organization Association Summary Part I 1 Briefly describe the organization's mission or most significant activities LEDC'S MISSION IS TO STRENGTHEN THE COUNTY'S ECONOMY THROUGH THE CREATION Activities & Governance AND EXPANSIONS OF JOBS AND BUSINESSES WITH A FOCUS ON AGRICULTURAL, TOURISM AND WEB-BASED BUSINESSES. 2 Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year 641 121,532 103, 8 Contributions and grants (Part VIII, line 1h) 108. 565 106,468 9 Program service revenue (Part VIII, line 2g) 401 897 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 213, 103 228, 401 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 350 000 50. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 83,557 065 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Hart IX, column (D), line 25) ▶ 17 Other expenses (Part IX column (A) Jines 11a-11d, 11f-24e) 129,673 178,74C 18 Total expenses Add lines 13–17 (miss equal Part IX, column (A), line 25)
19 Revenue less expenses 200 fact line 18 from line 12 312,647 738 -99.544663 End of Year Beginning of Current Year 678,220 660,641 20 Total assets (Part X, line 16), 120,674 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 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, Declaration of the officer) is based on all information of which preparer has any knowledge Sign Posessipher Director Here Type or print name and title PTIN rınt/Type preparer's name Check Paid 11/26/14 self-employed P00295703 Deborah L. Verzilli, CPA Preparer 03-0322133 Marckres Norder and Company, Firm's EIN ▶ Firm's name **Use Only** PO Box 732, 481 Brooklyn St 802-888-7781 Morrisville, 05661-8510 VT X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

			03-0221525	Page <b>2</b>
Part III			in this Part III	<del></del>
1 Briefly d			in uno rait III	
LEDC'S	S MISSION IS TO XPANSIONS OF JOI	STRENGTHEN THE COUNTY'S AND BUSINESSES WITH		
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III  1 Briefly describe the organization's mission LEDC'S MISSION IS TO STRENGTHEN THE COUNTY'S ECONOMY THROUGH THE CREATION AND EXPANSIONS OF JOBS AND BUSINESSES WITH A FOCUS ON AGRICULTURAL, TOURI AND WEB-BASED BUSINESSES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported				
		n Schedule O		∐ Yes ⊠ No
services	37		s, any program	Yes X No
4 Describe expense	Statement of Program Service Accomplishments   Check if Schedule O contains a response or note to any line in this Part III   1   1   1   1   1   1   1   1   1			
STRENG BUSINI EXPANI DEVELO	GTHEN THE ECONOMESSES IN LAMOILMESSES IN LAMOILMESSES BY LAMOILMESSES OF BUSING	YY THROUGH CREATION AND LE COUNTY BY ASSISTING ICING. PROMOTE AND ASS	D EXPANSION OF JOBS AN STARTUPS AND SIST GROWTH AND	106,468) ND
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other n	rogram services. (Describe in S	chedule O )		<del></del>
(Expens	•	including grants of \$	) (Revenue \$	
4e Total pr	ogram service expenses >	182,275		- 000
DAA				Form <b>990</b> (2013)

Part IV CI	hecklist of	Required	Schedules
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		$_{\rm X}$
4	Section 501(c)(3) organizations. 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	_4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.7
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.7
_	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	40.	-	17
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	445		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-'		
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<del></del>
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	<u> </u>
	and the state of t			<del>-</del>

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	l		
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			.,
	or IV, and Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	_		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ļ		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Ψļ	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

*********	1990 (2019) BERTOTTEE BEOTOMIC BEVELOTMENT CONT. 05 0221323			age .
P	art V Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 8		103	1.10
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	$\neg$		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ł
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b>├</b>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	-	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		X
h	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	100		-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	1	Ì
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter.			
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	$\dashv$		
11	Section 501(c)(12) organizations. Enter	$\dashv$	ŧ	
''	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	_		
_	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		İ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		T
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		İ	
	the organization is licensed to issue qualified health plans		1	
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Ves " has it filed a Form 720 to report those payments? If "No " provide an explanation in Schedule O	14h	I	1

Form 990 (2013) LAMOILLE ECONOMIC DEVELOPMENT CORP. 03-0221525 Page 6 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 in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 12 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 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, or trustees, or key employees to a management company or other person? 3 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? 5 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? 7a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Х X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b 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 None List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O) Describe in 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 State the name, physical address, and telephone number of the person who possesses the books and records of the 20 LAPORTE ROAD organization. LEDC 802-888-5640 VT 05661 MORRISVILLE

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000 (2012	\ T \ M \ T T T C	FCONOMIC	DEVELOPMENT	COPP	03-0221525	

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

Section A.	Officers, Directors	Trustone	Key Employees	and Highest (	Companyated Fm	nlovaa
Section A.	Officers, Directors	, irustees, i	rey Employees,	, and mignest (	Compensaled Em	pioyee

**Independent Contractors** 

- 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 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for	(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	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	( )	organization and related organizations
(1)BILL KUHNERT	1 00									
DIRECTOR	1.00 0.00	Х						o	0	0
(2) LAURIE HAMMOND	0.00	11							<u> </u>	
	1.00		ļ							_
DIRECTOR	0.00	X	<u> </u>					0	0	0
(3) RON ELLIOTT	1 00				1					
DIRECTOR	1.00 0.00	X		ļ				o	0	0
(4) ALLEN HORSLEY	0.00	┢					_			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00									
DIRECTOR	0.00	X						0	0	0
(5) SHERRY LUSSIER	1									
D I DCCTOD	1.00	X						0	0	0
DIRECTOR (6) JOE HESTER INGRA		┢	┢╌	$\vdash$	_	<del>  </del>				
(9,002 1121211 111014	1.00									
DIRECTOR	0.00	X	_					0	0	0
(7) SONJA RAYMOND										
	1.00	,						_	_	0
DIRECTOR (8) ADAM LORY	_0.00	X	╁	-	├			0	0	0
(6) ADAM LONI	1.00									
DIRECTOR	0.00	X						0	0	0
(9) JOHN MANDEVELLE										
	40.00				ĺ					10 006
EXECT. DIRECTOR/SECT	0.00		<u> </u>	X.	├			69,655	0	10,396
(10) JOHN KINGSTON	1.00									
TREASURER	0.00			X				0	lo	0
(11) DAVID SILVERMAN	J	+	T	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	t	1		<u> </u>	<u>_</u>	
, , , , , , , , , , , , , , , , , , , ,	1.00									
VICE PRESIDENT	0.00			Х	<u>L</u>			0	0	
DAA										Form <b>990</b> (2013)

Part VII Section A. Officers  (A)  Name and title		(B) (C)  Average Position hours per (do not check more than on week box, unless person is both a officer and a director/trustee							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
		hours for related organizations below dotted line)	or director	T _	Officer	Key employee	Highest compensated employee		organization	(W-2/1099-MISC)		from th organiza and rela organizat	e tion ted		
(12)	JAMES BLACK	1 00	ļ				-								
PRÉ	SIDENT	1.00			Х				0	0				0	
(13)						:									
(14)													•		
(15)															
(16)															
(17)														·	
(18)															
(19)			-									•			
1b	Sub-total		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<b>&gt;</b>	69,655			1	0,3	396	
	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion /	A			<b>&gt;</b>	69,655		<del> </del>	1	0,3	396	
2	Total number of individuals (in reportable compensation from	icluding but not the organization	limite	ed to	thos	se lis	ted a	abov							
3	Did the organization list any fo	ormer officer, di	recto	r, or					loyee, or highest compensa	ated			Yes	No X	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum	of re	eport	able	con	pen	satio				3_		X	
5	Individual Did any person listed on line 1									r individual		5		X	
Secti	for services rendered to the or on B. Independent Contractor	ors										<u> </u>			
1	Complete this table for your five compensation from the organic	zation Report of	ensa omp	ated ensa	inde ition	pend for t	dent he c	cont alen	idar year ending with or with	nin the organization's tax y	ear				
	Name and	(A) business address						_	Descrip	(B) otion of services		Cor	(C) npensat	ion	
		_						T							
								+-		-					
2	Total number of independent received more than \$100,000	contractors (incl	udin	g bu	not	lımıl	ted to	tho	ose listed above) who	0					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (D) Revenue Total revenue exempt function business excluded from tax under sections revenue revenue 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi 121,532 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 121,532 Program Service Revenue Busn. Code 531120 67,046 67,046 2a CEC RENTAL INCOME 900099 23,350 23,350 b MEMBER DUES 5,901 900099 5,901 INTEREST INCOME ON LOANS 531120 4,000 4,000 SBDC RENTAL INCOME 519100 3,528 3,528 WORKSHOP INCOME f All other program service revenue 611430 2,643 2,643 Total. Add lines 2a-2f 106,468 Investment income (including dividends, interest, and other similar amounts) 401 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss)  $\triangleright$ 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn, Code 11a b All other revenue Total. Add lines 11a-11d 228,401 0 Total revenue. See instructions 106,468 401 Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. All oth		nplete column (A)	
	Check if Schedule O contains a response	onse or note to any line in the (A)	his Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	3,000	3,000		***************************************
2	Grants and other assistance to individuals in		[		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		[		
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	75,402	56,552	18,850	
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,000	6,750	2,250	<u> </u>
10	Payroll taxes	5,663	4,247	1,416	<del></del>
11	Fees for services (non-employees)		İ		
а	Management		400		
b	Legal	433	433	0 104	
C	Accounting	8,134		8,134	
d	, , ,				
е	, <u>, , , , , , , , , , , , , , , , , , </u>				***************************************
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	1 500	1,423	157	
12	Advertising and promotion	1,580 4,144	2,665	1,479	
13	Office expenses	4,144	2,003	1,419	
14	Information technology				
15	Royalties	2,160	1,620	540	
16	Occupancy Travel	6,433	6,433		
17 18		0,433	0, 100		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		· <del>-</del> ··		
22	Depreciation, depletion, and amortization	17,635	17,321	314	
23	Insurance	1,451		1,451	
24	Other expenses Itemize expenses not covered				
- •	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	INCUBATOR RENTAL EXPENSE	45,113	45,113		
b	SPECIAL PROJECTS	30,028	30,028		
C	ANNUAL MEETING	3,808		3,808	
d	MARKETING & OUTREACH	3,714	3,714		
е	All other expenses	5,040	2,976	2,064	
25	Total functional expenses. Add lines 1 through 24e	222,738	182,275	40,463	0
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
DAA	following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 48,694 65,751 Cash-non-interest bearing 251,182 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 7,402 16. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 162,779 155,421 7 Notes and loans receivable, net 8 Inventories for sale or use 8 2,817 3,376 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 544,650 10a other basis Complete Part VI of Schedule D 408,870 161,260 135,780 b Less, accumulated depreciation 10b 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 26,507 15 Other assets See Part IV, line 11 15 678. 660,641 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 13,422 17 Accounts payable and accrued expenses 18 18 Grants payable 1,500 1,500 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 98,228 113,150 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 547,491 557,546 Unrestricted net assets Temporarily restricted net assets 28 Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ Assets or complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Š 32 Retained earnings, endowment, accumulated income, or other funds 32

> 678,220 Form 990 (2013)

547,491

660,641

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2013) LAMOILLE ECONOMIC DEVELOPMENT CORP. 03-0221525			Pag	ge <b>12</b>
Pa	rt 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	22	28,	<u>401</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	22 <u>,</u>	<u>738</u>
3	Revenue less expenses Subtract line 2 from line 1	3		5,	<u>663</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>5</u>	47,	<u>491</u>
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 in Schedule O)	9		4,	<u> 392</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5!	57 <b>,</b> .	<u>546</u>
Pa	rt 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 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ	<b></b>
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				
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?		2c	Χ	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		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 in Schedule O and describe any steps taken to undergo such audits		36		1

Form **990** (2013)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements** 

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public

Open to Public Inspection

Name of the organization Employer Identification number 03-0221525 LAMOILLE ECONOMIC DEVELOPMENT CORP. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an 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 in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? 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" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	TAMOITTE E									age 2
Part III Organizatio	ns Maintaining	Collections of	f Art, H	listorical T	reasures,	or Othe	r Similar Asset	s (contir	iued)	
3 Using the organization's a collection items (check all		n, and other record	ls, check	any of the fol	lowing that a	re a signif	icant use of its			
a Public exhibition		d 🗍	Loan or	exchange pro	grams					
b Scholarly research		е 🗍	Other	_						
c Preservation for future	e generations	_								
4 Provide a description of the	ne organization's coll	ections and explai	n how th	ey further the	organization'	s exempt	purpose in Part			
XIII										
5 During the year, did the o	rganization solicit or i	receive donations	of art, hi	storical treasu	res, or other	sımılar				
assets to be sold to raise								Y	es	No
	Custodial Arra			<del>-</del>						
	the organization a	•	" to Fo	rm 990, Pai	rt IV, line 9	, or repo	orted an amount	on Form	1	
1a Is the organization an age		n or other intermed	diary for	contributions of	or other asse	ts not	·			_
included on Form 990, Pa			, , , , , ,					□ Y	es 「	No
b If "Yes," explain the arrange		nd complete the fo	ollowing t	able				□.		
on the confidence of the contract of the contr	go		,	45.0				Amour	nt -	
c Beginning balance							1c			
d Additions during the year							1d			
e Distributions during the year	ar						1e			
f Ending balance	ai						1f			
•	do on omeunt on Fee	000 Bad V I.a.	- 242				<del>- !!</del>			TNA
2a Did the organization includes						- VIII		⊔ т	es _	No
b If "Yes," explain the arrangement Part V Endowment		oneck here if the e	xpianau	on has been pi	rovided in Pa	III AIII				
		anawarad "Vaa	" to Fo	000 Da	+ I\ / line 1	0				
Complete in	the organization a		1	•	1 '		(a) %b	/-15-		
4 5	<del>                                     </del>	(a) Current year	(1	b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) FOI	ur years	Dack
1a Beginning of year balance	· —	<del></del> .								
b Contributions	_				ļ					
<ul> <li>Net investment earnings,</li> </ul>	gains, and									
losses								_		
d Grants or scholarships										
<ul> <li>Other expenditures for fac</li> </ul>	cilities and									
programs					<u> </u>					
f Administrative expenses										
g End of year balance										
2 Provide the estimated per	centage of the currer	nt year end balanc	e (line 1	g, column (a))	held as					
a Board designated or quas	i-endowment 🕨	%								
b Permanent endowment	%									
c Temporarily restricted end	dowment ▶	%								
The percentages in lines :	2a, 2b, and 2c should	d equal 100%								
3a Are there endowment fund			ation tha	t are held and	administered	for the				
organization by	•	ū							Yes	No
(i) unrelated organization	าร							3a(i)		
(ii) related organizations								3a(ii)		
b if "Yes" to 3a(II), are the re	elated organizations l	listed as required (	on Scher	tule R2				3b		
4 Describe in Part XIII the in	=								<u> </u>	<u> </u>
	ings, and Equip		OWINGIN	ulius_				-		
	the organization a		" to Fo	rm 990 Par	rt IV/ line 1	12 500	Form 990 Part	Y line 1	0	
Description of prop	verty	(a) Cost or other (investment)		(b) Cost or o			Accumulated appreciation	(d) Book	, value	
d= 1 d	<del></del>	(misesument)	<u>'</u>						1 2	000
1a Land			-		13,980		401 140		<u>13,</u>	
b Buildings				<u> </u>	09,639		401,148		08,	491
c Leasehold improvements					4 2 4 2		4 005			
d Equipment					4,242		4,205		1 2	37
e Other	(0.1	l			16,789	<u></u>	3,517		<u>13,</u>	
Total. Add lines 1a through 1e	(Column (d) must eq	ual Form 990, Par	rt X, colu	mn (B), line 10	D(c) )		<u> </u>	1	<u>35,</u>	780

DAA

Schedule D (Form 990) 2013

	Form 990) 2013 LAMOILLE ECONOMIC DEV	ELOPMENT CORP	. 03-0221525	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to	·   · · · · · · · · · · · · · · · · · ·		
•	(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.  Complete if the organization answered "Yes" to	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 marke	
(1)				
(3)				
(4)		<del>- </del>		
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				•
(8)		1		
(9)		<u> </u>		
	n (b) must equal Form 990, Part X, col. (B) line 13 ) ▶			· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to	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)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, line	11e or 11f. See Form 990,	Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes			
<del></del>	LVING LOAN FUND PAYABLE	97,178		
	AL AGENT AGREEMENTS	5,050		
	RITY DEPOSITS	1,050		
(5)				
(6)				
(7)				
(8)				
(9)				
	in (b) must equal Form 990, Part X, col. (B) line 25.) ▶	103,278		••••••••••••••••••
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's fi	nancial statements that reports the	1

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2013 LAMOILLE ECONOMIC DEVELOPMEN	NT CORP. 03	-0221525	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With Reve	nue per Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a		
1	Total-revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	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	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Exp	enses per Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.	-	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

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

Schedule D (Form 990) 2013 LAMOILLE ECONOMIC DEVELOPMENT CORP. 03-0221525

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

▶ 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.

**Open to Public** Inspection

Name of the organization

LAMOILLE ECONOMIC DEVELOPMENT CORP.

Employer identification number 03-0221525

Form 990, Part VI, Line 7a - Election of Members and Their Rights THE MEMBERS SHALL NOT EXERCISE THEIR POWER TO DISSOLVE LEDC, ALTER ITS STATUS AS A NON-PROFIT CORPORATION, OR CHANGE THE CORPORATION'S PURPOSES, EXCEPT PURSUANT TO THE PROVISIONS OF THE LAWS OF THIS STATE, THE ARTICLES OF INCORPORATION OR THESE BYLAWS.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members ALL ACTIVITIES AND AFFAIRS OF LEDC SHALL BE CONDUCTED AND ALL CORPORATE POWERS SHALL BE EXERCISED UNDER THE DIRECTION OF THE BOARD OF DIRECTORS. THERE IS NO APPROVAL FROM THE MEMBERS NEEDED.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE 990 TAX RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS BEFORE FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy DURING BOARD MEETINGS, AT WHICH FINANCIAL AND OTHER TRANSACTIONS OF CONSEQUENCE ARE DISCUSSED AND OR VOTED ON, THE QUESTION IS ASKED IF ANY BOARD MEMBER OR EXECUTIVE DIRECTOR HAVE ANY CONFLIT OF INTEREST WITH THE CURRENT TRANSACTIONS AND MATTERS BEING DISCUSSED.

Form 990, Part VI, Line 15a - Compensation Process for Top Official THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE ORGANIZATION. THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED USING DATA Name of the organization

LAMOILLE ECONOMIC DEVELOPMENT CORP.

Employer identification number 03-0221525

AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT OTHER ECONOMIC DEVELOPMENT CORPORATIONS IN VERMONT.

Form 990, Part VI, Line 15b - Compensation Process for Officers
THE COMPENSATION OF OTHER EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD
OF DIRECTORS OR COMPENSATION COMMITTEE OF THE ORGANIZATION. THE
COMPENSATION IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE
COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE
POSITIONS AT OTHER

ECONOMIC DEVELOPMENT CORPORATIONS IN VERMONT.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
PRIOR PERIOD ADJUSTMENT \$ 4,392

#### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Department of the Treasury (99) ► See separate instructions. Attach to your tax return. Internal Revenue Service Name(s) shown on return Identifying number LAMOILLE ECONOMIC DEVELOPMENT CORP. 03-0221525 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 1 500,000 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 516 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property ) (See instructions ) Section A 119 17 MACRS deductions for assets placed in service in tax years beginning before 2013 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery

	(a) Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
_ 9	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	ММ	S/L	
				27 5 yrs	ММ	S/L	
i	Nonresidential real			39 yrs	MM	S/L	
	property				ММ	S/L	
	Section C—	-Assets Placed in Sen	vice During 2013 Tax Yea	ar Using the	Alternative Dep	reciation Syste	em
	•	1		1	T		1

20a Class life

b 12-year 12 yrs S/L 40-year мм S/L 40 yrs

Part IV Summary (See instructions )

21	Listed property Enter amount from line 28	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21	Enter her

е and on the appropriate lines of your return. Partnerships and S corporations—see instructions

23	For assets shown above and placed in service during the current year, enter the
	portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

17,635

23

21

LEDCORP LAMOILLE ECONOMIC DEVELOPMENT CORP.

03-0221525

**Federal Statements** 

FYE: 6/30/2014

## **Taxable Interest on Investments**

Desc	ription					
	_	Amount	Unrelated Business Code		Acquired after 6/30/75	US Obs (\$ or %)
INTEREST	\$	401		14		
Total	\$ <u></u>	401	• •			

Raising Fund ረን Management & 239 2,064 1,762 58 5 General S Form 990, Part IX, Line 24e - All Other Expenses 1,443 717 508 173 135 2,976 Program Service **Federal Statements** ሪን 1,762 1,443 1,443 956 508 231 140 5,040 Expenses LEDCORP LAMOILLE ECONOMIC DEVELOPMENT CORP. Total Description GIFTS & SPONSORSHIPS INTERNET PROVIDER BANK SERVICE CHARGES FISCAL AGENT EXPENSE DUES & PUBLICATIONS FYE: 6/30/2014 Total 03-0221525 TELEPHONE

LEDCORP LAMOILLE ECONOMIC DEVELOPMENT CORP.
03-0221525 Federal Asset Report

FYE: 6/30/2014

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179	Basis Bonus for Depr	PerConv Meth	Prior	Current
	MACRS: ROOF REPAIRS	12/27/01 _	4,610 4,610		4,610 4,610	39 MM S/L	1,364 1,364	119 119
4 5 6 7 8 10 11 24 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 55 55 56 57 58 59 60 59 60 59 60 59 60 59 60 59 60 60 59 60 60 60 60 60 60 60 60 60 60 60 60 60	Depreciation:  2 60*42 PANELS CAMBRIDGE INCUBA 24*42 PANEL CAMBRIDGE INCUBATO STORAGE PEDESTAL - CEC 6F 4 DRAWER FILE - CEC 4 48*48 PANELS - CEC CONFERENCE TABLE - CEC 2 SIDED SIGN - CBP LAND - CEC SITE WORK SITE WORK SITE WORK SITE WORK SITE WORK SITE WORK SALE OF LAND (52.83959035%) A/E GENERAL ADDITION - ROBERT A/E FEES - 1988 A/E FEES - 1989-1990 A/E FEES BUILDINGS BUILDINGS BUILDINGS A/E FEES BUILDINGS ROOF, VENT, INTERIOR IMPROV CARPET WELL IMPROVEMENTS BUILDING IMPROVEMENTS - CEC ELECTRICAL IMPROVEMENTS - CEC SOFA LAND IMPROVEMENTS CEC - PAVING GUTTERS (BUILDING IMP)-CEC TI ROUTER (EQUIPMENT)-CEC COMPUTER (POWER WEB GRAPHICS) ROLL UP DOOR-CEC WELL IMPROVEMENTS  Total Other Depreciation	6/17/88 6/17/88 6/17/88 6/17/88 6/17/88 4/04/89 6/17/88 6/30/88 12/31/88 9/07/90 12/31/90 12/31/90 6/30/98 6/30/89 7/01/89 1/01/90 9/30/90 12/31/90 10/3/91 9/03/91 12/01/98 7/01/00 2/28/05 4/03/06 1/03/07 10/26/07	559 262 256 257 1,497 311 315 13,980 43,300 16,898 4,400 97 2,590 -35,553 346,615 1,457 5,460 12,099 3,071 204 18,230 3,999 1,272 204 1,644 14,290 18,945 2,255 3,218 18,939 6,600 785 13,783 2,677 1,500 1,009 1,012 11,603 540,040		256 257 1,497 311 315 13,980 43,300 16,898 4,400 97 2,590 -35,553 346,615 1,457 5,460 12,099 3,071 204 18,230 3,999 1,272 204 1,644 14,290 18,945 2,255 3,218 18,939 6,600 785 13,783 2,677 1,500 1,009	12 MO S/L 12 MO S/L 12 MO S/L 12 MO S/L 12 MO S/L 12 MO S/L 13 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 16 MO S/L 17 MO S/L 18 MO S/L 19 MO S/L 19 MO S/L 19 MO S/L 19 MO S/L 10 MO S/L 10 MO S/L 11 MO S/L 12 MO S/L 13 MO S/L 14 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 16 MO S/L 17 MO S/L 18 MO S/L 19 MO S/L 19 MO S/L 19 MO S/L 19 MO S/L 11 MO S/L 11 MO S/L 12 MO S/L 13 MO S/L 14 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 16 MO S/L 17 MO S/L 18 MO S/L 19 MO S/L 19 MO S/L 19 MO S/L 19 MO S/L 10 MO S/L 11 MO S/L 11 MO S/L 11 MO S/L 12 MO S/L 13 MO S/L 14 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 16 MO S/L 17 MO S/L 18 MO S/L 19 MO S/L 19 MO S/L 19 MO S/L 19 MO S/L	559 262 256 257 1,497 311 315 0 43,300 16,898 4,400 97 2,590 -35,553 282,108 1,171 4,368 9,475 2,325 156 13,828 2,997 940 143 1,213 9,765 9,474 2,255 1,788 3,521 1,100 635 5,207 194 875 589 39 516 389,871	0 0 0 0 0 0 0 0 0 0 0 0 0 11,554 48 182 403 103 6 608 133 42 6 54 476 632 0 214 485 169 113 919 69 300 201 26 773 17,516
	Total ACRS and Other Deprec	iation _	540,040		540,040		389,871	17,516
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs  =	544,650 0 0 544,650		544,650 0 0 544,650		391,235 0 0 391,235	17,635 0 0 17,635

LEDCORP LAMOILLE ECONOMIC DEVELOPMENT CORP.
03-0221525 AMT Asset Report

FYE: 6/30/2014

Form 990, Page 1

Asset	.  Description	Date In Service	Cost	Bus Sec % 179Bon	Basis us for Depr	PerConv Meth	Prior	Current
Prior 46	MACRS: ROOF REPAIRS	12/27/01 _	4,610 4,610		4,610 4,610		1,364	119
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 53 55 56 57 58 59	Depreciation:  2 60*42 PANELS CAMBRIDGE INCUBA 24*42 PANEL CAMBRIDGE INCUBATO STORAGE PEDESTAL - CEC 6F 4 DRAWER FILE - CEC 4 48*48 PANELS - CEC CONFERENCE TABLE - CEC 2 SIDED SIGN - CBP LAND - CEC SITE WORK SITE WORK SITE WORK SITE WORK SITE WORK SITE WORK SITE WORK SALE OF LAND (52 83959035%) A/E GENERAL ADDITION - ROBERT A/E FEES - 1988 A/E FEES - 1989-1990 A/E FEES BUILDINGS BUILDINGS BUILDINGS BUILDINGS BUILDINGS ROOF, VENT, INTERIOR IMPROV CARPET WELL IMPROVEMENTS BUILDING IMPROVEMENTS - CEC ELECTRICAL IMPROVEMENTS - CEC COMPUTER (EQUIPMENT)-CEC COMPUTER (EQUIPMENT)-CEC COMPUTER (POWER WEB GRAPHICS) ROLL UP DOOR-CEC WELL IMPROVEMENTS  Total Other Depreciation	6/17/88 6/17/88 6/17/88 6/17/88 6/17/88 6/17/88 6/17/88 6/30/88 12/31/88 9/07/90 12/31/90 6/30/98 6/30/89 7/01/89 7/01/89 1/01/90 9/30/90 12/31/90 12/31/90 12/31/90 12/31/90 12/31/90 12/31/90 12/31/90 3/01/91 8/03/91 9/03/91 12/01/98 7/01/00 2/28/05 4/03/06 1/03/07 9/08/10 7/28/10	559 262 256 257 1,497 311 315 13,980 43,300 16,898 4,400 97 2,590 -35,553 346,615 1,457 5,460 12,099 3,071 204 18,230 3,999 1,272 204 1,644 14,290 18,945 2,255 3,218 18,939 6,600 785 13,783 0 0 0 0 522,239		1,497 311 315 13,980 43,300 16,898 4,400 97 2,590 -35,553 346,615 1,457 5,460 12,099 3,071 204 18,230 3,999 1,272 204 1,644 14,290	12 MO S/L 12 MO S/L 12 MO S/L 12 MO S/L 12 MO S/L 12 MO S/L 12 MO S/L 13 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 16 MO S/L 17 MO S/L 18 MO S/L 19 MO	559 262 256 257 1,497 311 315 0 43,300 16,898 4,400 97 2,590 -35,553 282,108 1,171 4,368 9,475 2,325 156 13,828 2,997 940 143 1,213 9,765 9,474 2,255 1,788 3,521 1,100 635 5,207 0 0 0 0 387,658	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 11,554 48 182 403 103 6 608 133 42 6 54 476 632 0 214 485 169 113 919 0 0 0
	Total ACRS and Other Deprec	iation _	522,239		522,239		387,658	16,147
	Grand Totals Less: Dispositions and Transfe Net Grand Totals	rs -	526,849 0 526,849		526,849 0 526,849		389,022 0 389,022	16,266 0 16,266



Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

nternal Revenue	Service	Information about Fori	m ooos and	its instructions is at www.	irs.gov/iorinosos.		
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						<b>▶</b> X	
• If you are	filing for an Ac	Iditional (Not Automatic) 3-Month Ex	xtension, co	omplete only Part II (on page	e 2 of this form).		
o not comp	lete Part II un	less you have already been granted ar	n automatic	3-month extension on a prev	ously filed Form 8868		
Electronic fil	ina (e-file). Ya	ou can electronically file Form 8868 if y	ou need a 3	-month automatic extension (	of time to file (6 months for		
		Form 990-T), or an additional (not aut					
•		n of time to file any of the forms listed i					
•		ated With Certain Personal Benefit Cor		•			
		ils on the electronic filing of this form, v					
Part I	Automati	c 3-Month Extension of Time	. Only sub	omit original (no copies	needed)		
A corporation	required to file	Form 990-T and requesting an autom	atic 6-month	extension - check this box	and complete		
⊃art I only						▶ _	
All other corpo	orations (includ	ding 1120-C filers), partnerships, REMI	ICs, and trus	ts must use Form 7004 to re	quest an extension of time		
o file income	tax returns						
		- <del></del>			Inter filer's identifying number,		
Type or	Name of ex	empt organization or other filer, see ins	structions		Employer identification number	r (EIN) or	
orint	TAMOTT	IF ECONOMIC DEVELO	DMENT.	CODD	03-0221525		
Tillo bu the	LAMOILLE ECONOMIC DEVELOPMENT CORP. 03-0221525  Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SS						
lie by the due date for	PO BOX	· · · · · · · · · · · · · · · · · · ·	A, See ilistici	Clions	Social security flumber (SSIV)	(0014)	
iling your		r post office, state, and ZIP code For a	a foreign add	dress, see instructions			
eturn See nstructions	MORRIS		05661				
Enter the Ret	urn code for th	e return that this application is for (file	a separate a	application for each return)		ΓΟ	
		<del></del>		<del></del>			
Application Is For	,		Return Code	Application Is For		Return Code	
	r Form 990-EZ	,	01	Form 990-T (corporation)	<del></del>	07	
Form 990-B		<del></del>	02	Form 1041-A		08	
Form 4720			03	Form 4720 (other than ind	ıvıdual)	09	
Form 990-P	F		04	Form 5227		10	
Form 990-T	(sec 401(a) c	or 408(a) trust)	05	Form 6069		11	
Form 990-T	(trust other th	an above)	06	Form 8870		12	
		LEDC				,	
		LAPORTE ROAD					
<ul> <li>The books</li> </ul>	are in the care of	f▶ MORRISVILLE			VT	05661	
<b>.</b>		2 000 5640		_			
		2-888-5640	FAX No			. □	
_		not have an office or place of business urn, enter the organization's four digit (			lé thua ia		
	group, check t		-	· · · · · · · · · · · · · · · · · · ·	If this is and attach		
	• .	Ns of all members the extension is for	510up, (		j and attach		
		3-month (6 months for a corporation r	required to fi	le Form 990-T) extension of	time	<del></del>	
		, to file the exempt organization retu					
	organization's i		`	-			
▶ 🗍	calendar year	or					

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

EFTPS (Electronic Federal Tax Payment System) See instructions

Change in accounting period

nonrefundable credits See instructions

 $\blacktriangleright$  X tax year beginning 07/01/13, and ending 06/30/14.

If the tax year entered in line 1 is for less than 12 months, check reason: Initial return

b If this application is for Forms 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

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

3a

3b