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SCANNED JAN 2 7 2011

Form **990-EZ**

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

2008, and ending

OMB No 1545-1150

2008

Open to Public Inspection , 20

	В	Check if	applicable	Please		C	С) Ne	ıme o	of org	ganiza	ation				-							D Em	oloyer	ide	entification nu	umber
סי		Address	•	use IRS label or		M								TOR									_20	<u> </u>		082037	7
8	Z	Name ci Initial ret	•	print or	or										mail is	not d	elivered	i to str	eet ad	dress)	Room/s	suite	E Tele	phon	e n	umber	
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A Pi	ŏ	Amende	d return	Specific Instruc-				Cit	ty or	town	n, stat	e or c	ountr	ry, and	ZIP +	4							F Gro	ир Ех	em	ption	
WELGPE		Applicati	on pending	tions.	S	S	SI	SMI.	THE	FIEL	.D, M	IAIN	E 04	1978									Nun	nber		<u>,</u> ▶	
ERVELSPE POSTMARK DATE		Sect	ion 501(c)(3)														trust	s mus	t atta	ch					d.	☑ Cash [] Accrual
m				а соп	ompl	nple	plθ	lete	d Sc	chec	dule /	A (Fo	erm S	990 oi	· 990-	EZ).					<u> </u>	Other	(specif	<u>/) ▶</u>			
D		14 7 - 1 :	te: ► main	eantiqu	aue	uel	eti	etra	ctor	г														_		organization i	
DEC																	40.47/-	\/ 4 \ ~~					ed to a Z, or 99			hedule B (For	m 990,
			zation type (c				. —																			805 000	A
8 2			► ✓ if the orguired, but if the																	recei	pis are	HOT	nally no	t mor	e u	1an \$25,000	A return is
2011			s 5b, 6b, and																	90 inst	ead of	Form	990-EZ	•	\$		72,309
		art I	Revenue,																							or Part I.)	,
	_	1	Contribution																		L			1			
	l	2	Program se	ervice re	rev	ı yı eve	ye.	/eni	ie ir	and aclue	dına	dov	ernin	ilar I	e e a A	รากสา เมื่อได้เล	าอาจา ร์.(cts	•					2			61,409
		3	Membershi									ts]	HE	68	IV			Ċ					3			10,500
		4	Investment	-							•					. , ,	-3-4-7		·					4			400
	ŀ	5a	Gross amo	unt fror	om :	า ร	าร	sale	e of	ass	sets	othe	r tha	u Ad	enJol	a Zt	112 .		58	1							
		b	Less: cost												•				5t	<u>, </u>							
_		С	Gain or (loss	s) from s	ı sal	sale	ale	le o	f ass	sets	othe	er tha	ın in	VAR	y BE	MA		b fror	m line	5a) (a	attach	sche	dule) .	50	2		
201	Revenue	6	Special events																								
	Ķ	а	Gross rever	nue (no	not ii	t ir	in	incl	udin	1g \$.				(of co	ntribut	tions									
F -0	&		reported on																6a	_							
87		b	Less direct																6b					4			
JAN	-	С	Net income															line (ie 6a)			60	; 		
	- 1	7a	Gross sales														raci	<u>ئے۔۔۔</u>	7a		,				2		
\Box	J	þ	Less: cost of																7b		`	-170			Ź		
岁		C	Gross profit							sales	s of	ınver	ntory	/ (Sut	otract	line	7b fro	m lin	e 7a)			29		70			
Ž	- 1	8	Other reven							_	2 1			70.0						<u>: ك.</u>	<u>الانت</u> ن.		}	9			72,309
SCANNED	\dashv	9_	Grants and																	iii:	·	<u>.</u>		10			2,000
Ø	-	10																				•		11	_+		2,000
	8	11	Benefits par Salaries, oth																	ي. مايوس		•	-	12	_		
	Expenses	12 13	Professiona																				•	13			
	e l	14	Occupancy,																			•		14	_		
	ă	15	Printing, pul						•															15			8,500
	-]	16	Other exper	nses (de	des.	esc	sc.	orit	oe l	.gc, ▶ :	SEE	ATT	ACF	ÍED	,		• •		•	•		•		16	_		47,102
		17	Total exper	ises. A	Ado	dd	bb	d lir	nes	10 t	throu	ıgh 1	6							•				17	Τ		57,602
_	S.	18	Excess or (c	deficit) f) for	for	or 1	r th	e ye	ear ((Sub	tract	line	17 fr	om li	ne 9	١.							18	I		14,707
	Assets	19	Net assets	or fund	nd b	ı b	ba	bala	ince	es a	t be	ginni	ng c	of yea	ar (fro	om lu	ne 27	, colu	ımn (A)) (n	nust a	gree	with				
	AS	-	end-of-year																					19			30,651
	Net		Other chang	jes in n	net	et	et a	t as:	sets	s or	fund	d bala	ance	es (att	tach (expla	natior	1) .						20	\perp		
			Net assets of																					21	L		45,358
	Pai	rt II	Balance S												ımn ((B) ar	e \$2,5	00,00	00 or	more					id (
				•						truc	tions	s for	Part	: 11.)							(A)	Begir	ning of			(B) End of ye	
	22		, savings, an														•						30,6	51 2	$\overline{}$		45,358
	23		and building																	•				$\overline{}$	23 24		
	24		assets (des																	_)			30,6	-	24 25		45,358
	25	_	assets										•			•	•	•		•			30,0		25 26		73,330
	26 27	lotal Net a	liabilities (de Issets or fur	escribe nd hala	e ▶	: ► anc	P nc∙	P	(lin	ie 2	7 of	colu	mn /	(B) m	ust a	aree	with I	ine 2	1))			30,6		20 27		45,358
_	_		Act and Pap						_											<u> </u>	Cat I	No 1	06421	<u> </u>		Form 990-E	

5 NE G8

1 0111 330-LZ (2000)					3-
Part III Statement of Program Service Accom	nplishments (See the ins	tructions for Part	III.)		Expenses
What is the organization's primary exempt purpose?	SEE ATTACHED TAX EXE	MPT PURPOSES	;	(Re	quired for 501(c)(3) I (4) organizations
Describe what was achieved in carrying out the organization	zation's exempt purposes.	In a clear and con	cise manner.	and	(4)
describe the services provided, the number of persons be	enefited, or other relevant in	formation for each	orogram title.	opti	onal for others)
28 A BETTER UNSTANDING OF THE DIFFERENT A				_	
HOW THEY WORK. THIS IS ACCOMPLISHED TH					
	TROUGH TRACTOR SHO	WO, IRACION P	DLLS AND	1	
PARADES					
(Grants \$) If this amount inc	ludes foreign grants, checl	k here	<u>. ▶ ⊔</u>	28a	47,102
29				ļ	
				ĺ	İ
(Grants \$) If this amount inc	ludes foreign grants, check	chere	. ▶ 🗍	29a	
(A)				20-	
	udes foreign grants, check		<u> </u>	30a	
. •					
	udes foreign grants, check			31a	
32 Total program service expenses (add lines 28a th				32	47,102
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve		ed (See the ins	tructic	ons for Part IV.)
(a) None and address	(b) Title and average	(c) Compensation	(d) Contribution	is to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit p deferred compen		account and other allowances
ROBERT CLARK	PRESIDENT				
STARKS. ME 04911	PRESIDERI	0		0	0
ASU/C DDATT	WOL ODEOLOGIST		 		
WELD, MAINE04285	VICE PRESIDENT	0		o	0
					-
HARRIET SPENCER	SECRETARY		ľ		•
SMITHFIELD, MAINE 04978		0		0	0
TERRY SPENCER	TREASURER				
SMITHFIELD, MAINE 04978		0		0	0
BILL CLARK	DIRECTOR				
SKIOWHEGAN, MAINE 04979		0		0	0
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Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	-12.08	1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	2 Chimines	✓
b	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		√
	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 unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	i de la companya de l	✓.
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			, A.
	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) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40b		✓
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	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	40e		<u>√</u>
41	List the states with which a copy of this return is filed. ▶	1		
42a	The books are in care of ► TERRY SPENCER Located at ► SMITHFIELD, MAINE ZIP + 4 ►) 36 0497	2-335 8	1
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)?	42b	Yes	No √
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓_
	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			
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	es l	No ✓
15	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		√
	F.	.m 990-	F7 /2	אחחפו

Page	4
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Part V	Section 501(c)(3) organizations onlead complete the tables for lines 50.	y. All section 501(c)(3) o and 51.	organizations mu	ist answer questi	ions 40	5–49	
46 Did	the organization engage in direct or indirect		es on behalf of or i	n opposition to		Yes	No
car	ndidates for public office? If "Yes," complete Schedule C, Part I						
47 Did	the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
	the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.						
	Did the organization make any transfers to an exempt non-charitable related organization?						
	Yes," was the related organization(s) a section				49b		
50 Cor	mplete this table for the five highest compens th received more than \$100,000 of compensa	tion from the organization.	. If there is none, e	enter "None."	·		
(a	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation		xpenso ount an illowan	d
N/A							
		-			•		
Total num	nber of other employees paid over \$100,000	<u> </u>	 				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Тур	pe of service	(c) Comp	pensati	on
N/A							· <u>-</u> -
Fotal num	nber of other independent contractors each re		. 🖊				
Sign Here	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration Related Signature of officer	ned this return, including accomp on of preparer (other than officer	anying schedules and s) is based on all inform Di	ation of which preparer	est of my has any	knowle	age dge
	ROBERT CLARK, PRESIDENT Type or print name and title						
aid aid	Preparer's 2 0	Date 12.4	Check if self-	Preparer's Identifying N		nstruc	tions)
reparer's	Firm's name (or yours R. BLACKSTONE AS		a/ii self- employed ▶		20369 0376	112	
lse Only	if self-employed), address, and ZIP + 4 WINTHROP, MAINE		Ell	none no ► (207)	377-		
May the IF	RS discuss this return with the preparer show	····			✓ Yes		No
	The second state with the property officer	LLOTO COO MONOCOMONO			m 990-	_	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 20 0820377 MAINE ANTIQUE TRACTOR CLUB INC Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I **b** Type II d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? . . 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii)| Provide the following information about the organizations the organization supports. (iii) Type of organization (i) Name of supported (II) EIN (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes

Total

	Support Schedule for Or (Complete only if you ched) and 170(b)(1)(A)(VI)
	ction A. Public Support	(-) 0004	#-> 000F	(-) 0000	(4) 0007	T (1) 0000	(6 Tatal
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	2008 1 72 S X 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1		107 15 TE VAN 18		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		100				
6	Public support. Subtract line 5 from line 4.		33542 X43	(CA)/6# 14400			
	tion B. Total Support	T			T	T	
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	ļ		A		 	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				do-Maria VIII - 1		
11	Total support. Add lines 7 through 10 .			7/5/7448			
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re <u>.</u> .				ear as a section	
	tion C. Computation of Public Sup			a aluman (6)		14	<u></u> %
14	Public support percentage for 2008 (line 6					14	
15 16a							
b	33% % support test—2007. If the organization quality box and stop here. The organization quality					33/3 % or more,	
17a	10%-facts-and-circumstances test — 200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	cts-and-circum	istances" test, d	check this box a	and stop here.	Explain in Part l	V how the
b	10%-facts-and-circumstances test-2007. more, and if the organization meets the "facts-and-circumstances test-2007".	cts-and-circums	stances" test, cl organization qual	neck this box a ifies as a publicl	nd stop here . E ly supported org	Explain in Part IV anization	/ how the ▶ □
18	Private foundation. If the organization did	not check a box	on line 13, 16a	, 16b, 17a, or 17	7b, check this b	ox and see instr	uctions >

P	art III Support Schedule for Org (Complete only if you check				a)(2)		
Se	ction A. Public Support						
	Calendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include					10,500	10,500
2	any "unusual grants.")					61,409	61,409
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						······
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5					71,909	71,909
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000					0	0
С	Add lines 7a and 7b					0	0
8	Public support (Subtract line 7c from line 6.)		Besicaes A				
Sec	ction B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					71,909	71,909 400
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,					1 10 Sec. 19 (12 C)	72,309
14	and 12.)	he organization	n's first, secon		or fifth tax ye	ear as a section	
Sec	tion C. Computation of Public Sup			· · · · · · · · · · · · · · · · · · · 	· · · ·	• • •	<u></u>
15	Public support percentage for 2008 (line			e 13. column (f	<u>,, </u>	15	%
16	Public support percentage for 2006 (line Public support percentage from 2007 S					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2008			by line 13, col	umn (f)	17	%
18	Investment income percentage from 200					18	%
	33% % support tests—2008. If the orga 17 is not more than 33% %, check this bo	nization did no	t check the bo	x on line 14, an			
	33% % support tests—2007. If the organization 18 is not more than 33% %, check this Private foundation. If the organization of	zation did not cl box and stop h	heck a box on I ere. The organi	line 14 or line 19 zation qualifies	9a, and line 16 as a publicly si	is more than 33/ upported organiza	%%, and ation ► □
20	Frivate roundations in the organization of	na not oneck a	DOX DITHINE 14	, 13a, UL 19D, (CHECK THIS DOX	and see mstruc	uulis 🚩 📖

MAINE ANTIQUE TRACTOR CLUB

PURPOSE

OF THE

MAINE ANTIQUE TRACTOR CLUB

THE MAINE ANTIQUE TRACTOR CLUB IS A FAMILY ORIENTED NON PROFIT ORGANIZATION, WHICH FOCUSES ON THE PRESERVATION OF INFORMATION, DOCUMENTS, AND ARTIFACTS RELATING TO THE INVENTION, DEVELOPMENT, AND USE OF FARM TRACTORS AND RELATED IMPLEMENTS AND EQUIPMENT. WE SHALL ALSO ENDOVER TO TEACH PRESENT AND FUTURE GENERATIONS ABOUT THE USES OF THESE ANTIQUE TRACTORS, IMPLEMENTS, AND EQUIPMENT AND SHOW THEM AT WORK.

MAINE ANTIQUE TRACTOR CLUB

FORM 990 EZ PART 1 LINE 10 GRANT PAID

SCHOLARSHIPS \$2,000

FORM 990 EZ PART 1 LINE 16	OTHER EXPENSES
REPAIRS	\$4,298
RENTAL	4,502
TAXES & LICENSES	4,155
ADVERTISING	1,222
OTHER DEDUCTIONS	32,925
TOTAL	\$47,102