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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 \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending		C Name of organization THE VETERAN MOTOR CAR CLUB OF AMERICA		D Employer identification number 04-6059578
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number 970-482-3399
		Room/suite		F Group Exemption Number . ▶
		City, town, or country State ZIP + 4 FORT COLLINS CO 805222461		

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.VMCCA.ORG

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

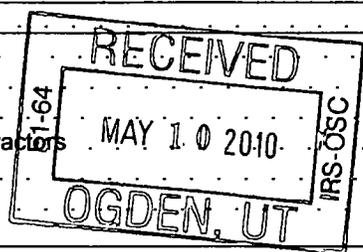
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **128,249**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1	Contributions, gifts, grants, and similar amounts received	1 5,624
	2	Program service revenue including government fees and contracts	2 20,309
	3	Membership dues and assessments	3 99,034
	4	Investment income	4 2,314
	5a	Gross amount from sale of assets other than inventory	5a 0
	5b	Less: cost or other basis and sales expenses	5b 0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a 0
6b	Less: direct expenses other than fundraising expenses	6b 0	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 0	
7a	Gross sales of inventory, less returns and allowances	7a 968	
7b	Less cost of goods sold	7b 751	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 217	
8	Other revenue (describe ▶)	8 0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9 127,498	
Expenses	10	Grants and similar amounts paid (attach schedule)	10 0
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12 17,662
	13	Professional fees and other payments to independent contractors	13
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15 101,076
	16	Other expenses (describe ▶ See Attached Statement)	16 15,034
	17	Total expenses. Add lines 10 through 16. ▶	17 133,772
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -6,274
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 152,557
	20	Other changes in net assets or fund balances (attach explanation)	20 0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21 146,283

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	202,707	22 188,236
23 Land and buildings	0	23
24 Other assets (describe ▶ See Attached Statement)	27,076	24 11,849
25 Total assets	229,783	25 200,085
26 Total liabilities (describe ▶ See Attached Statement)	77,226	26 53,802
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	152,557	27 146,283

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		0
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		0
b	Gross receipts, included on line 9, for public use of club facilities. 39b		0
40 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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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. 40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e		
41	List the states with which a copy of this return is filed. ▶		
42 a	The organization's books are in care of ▶ ROBERT EDELMAN Telephone no. ▶ 970-482-3399 Located at ▶ 4545 N HIGHWAY 1 City FORT COLLINS ST CO ZIP + 4 ▶ 805249572		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44		X
45	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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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.	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and 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	(e) Expense account and other allowances
Name <u>None</u> Str _____ City ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: 
 Date: 5/5/2010
 Type or print name and title: ROBERT EDELMAN, TREASURER

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Check if self-employed:
 Preparer's identifying number (See instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 EIN: _____
 Phone no: _____

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

Part I, Line 16 (990-EZ) - Other Expenses

		15,034
1	Travel	3,348
2	Meals and entertainment	
3	Fundraising	
4	Amortization	0
5	Conferences, conventions, and meetings	
6	Depreciation	253
7	Depletion	
8	Equipment rental and maintenance	
9	Interest	
10	Supplies	
11	Telephone	
12	Unrelated business income taxes	135
13	OFFICE EXPENSES	5,268
14	INSURANCE	3,603
15	CREDIT CARD FEES	812
16	AWARDS	665
17	ADVERTISING AND PROMOTION	740
18	BAD DEBTS	210
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		

Part II, Line 24 (990-EZ) - Other Assets

27,076 11,849

	Description	Beginning	End
1	ACCOUNTS RECEIVABLE	3,045	1,815
2	TOUR REVENUE RECEIVABLE	14,010	0
3	INVENTORY	8,449	7,521
4	PREPAID EXPENSES	1,217	2,411
5	OFFICE EQUIPMENT - NET OF DEPRECIATION	355	102
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

77,226

53,802

	Description	Beginning	End
1	ACCOUNTS PAYABLE	15,222	117
2	DEFERRED REVENUE	59,632	52,141
3	PAYROLL TAXES	1,438	1,544
4	UNRELATED BUSINESS INCOME TAXES PAYABLE	879	0
5	OVERPAID DUES TO BE REFUNDED	55	0
6			
7			
8			
9			
10			