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Form **990-EZ**

Department of the Treasury

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 \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

Open to Public

A For the 2009 calendar year, or tar year beginning	mer	nal Revenue Service		The organization may have	to use a copy of this ret	urn to satis	ty state rep	orting requirements			The state of the s
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Website: N/A required to attach Schedule B (Form 990, 1 are remote table (most only one) -					<u></u>			-			anization is not
Tax-exempt status (critical status (cri	ı	Website: ► N	/A					_			
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-E7 form 990 entry in the organization chooses to file a return, be sure to file a complete return \$25,000. A form 990-E7 form 990-E				nly one) X 501(c) / 3) 4/	uncort no \ A047	(a)(1) or	527				ale B (1 01111 330;
\$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 Land lines 5, 65, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 o. Part I-Y-I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.) 1 Contributions, girts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 6 Special events and activate (complete applicable parts of stabulate 5. If my amounts from parting, deck here a Gross revenue (not including \$ RECE April	_									llu ma	t mara than
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) Vermont Antique	Automobile Societ	ty, Inc	27-	-0851	.640 Page 2
Part III	rvice Accomplishments	(See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose? Se	e statement			(Reguir	red for section (3) and (4) ations and section)(1) trusts, optional
Describe what was achieved in carrying out the describe the services provided, the number of		ses In a clear and cond	cise manner.	organiz	(3) and (4) Pations and section
describe the services provided, the number of	persons benefited, or other re	elevant information for e	ach	4947(a for other)(1) trusts, optional
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31 Other program services (attach schedule					
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32 Total program service expenses (add lir			▶	32	0.
Part IV List of Officers, Directors		nlovees List oach an	e over if not come		
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	President			l	
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Lloyd Davis	\			ļ	
139 Blueberry Lane	Director				
Rutland VT 05701	1.00	0.		0.	<u>0.</u>
Willis Spaulding					
55 Grove Street	Director				
Essex Jct VT 05452	1.00	0.		0.	0.
Richard L. Wheatley					<u>~·</u>
	m				
P.O. Box 180	Treasurer				_
Underhill VT 05489	1.00	0.		0.	<u> </u>
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Pa	t V Other Information (Note the statement requirements in the instrictor 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	33	<u></u>	х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	* 400	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.	يا جارين ايت سنجسس	- ;; - ;;	-:-
	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?	35 a		х
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	 	-
	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	36	ļ <u>.</u>	х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 0	37 b	3.5	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?	38a		X
1	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved		16 m	; Ť.,-
39	Section 501(c)(7) organizations Enter	- 1 Sel	1	- <u>- </u>
	Initiation fees and capital contributions included on line 9.		4.4	
	Gross receipts, included on line 9, for public use of club facilities	أدغات	1	5.13
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1203.0		
	section 4911 ►	بأخشست	13 P.	
ł	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	40 ь		x
(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		£.	3
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			11.0
6	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	40 e		X
	The organization's books are in care of Pichard L. Wheatley Telephone no P (802)			5 <u>5</u> ′
	Located at > 1 Market PL, Unit 31 Essex Jct. VT ZIP + 4 > 05452	-294	<u> </u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	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	42 b		X
		-		, (d)
		0.3		44-7. 23-26.
		3	-]	7.00 to
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts 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	42 c	·	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ı	- □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
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
BAA		rm 990	-EZ (

Form ¹ 990-EZ	(2009) Vermont	Antique	Automobile	Society,	Inc	27-0851640	Page
	Section 501(c)(3 501(c)(3) organii 46-49b and com	zations and	d section 4947((a)(1) nonex	nonexempt charitable mpt charitable trusts r	e trusts only. All sec nust answer question	tion s

46 Did 1	the organization engage in direct or indirect	t political campaign acti	vities on behalf of o	or in opposition to candidates		Yes	No			
-	for public office? If 'Yes,' complete Schedule C, Part I 46 X 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 48 X									
	the organization make any transfers to an				49a		Х			
b If 'Ye	es,' was the related organization a section	527 organization?			49 b					
50 Com emp	nplete this table for the organization's five hologees) who each received more than \$100	nighest compensated em 0,000 of compensation f	nployees (other than rom the organ <u>i</u> zatio	n officers, directors, trustees a n. If there is none, enter 'None	nd key					
(2	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 and deferred compensation	(e) Exp accoun other allo	t and				
None_			. 							
			· · · · · · · · · · · · · · · · · · ·							
	Laurence of other complement and over \$1/	00.000					_			
I IOIA	I number of other employees paid over \$10									
51 Com	plete this table for the organization's five be pensation from the organization. If there is	nighest compensated inc none, enter 'None '	lependent contracto	rs who each received more th	an \$100,00	00 of				
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compe	nsation	1			
None_										
						_				
d Total	number of other independent contractors	each receiving over \$10	0,000	>						
		·	<u>-</u>							
	Under penalties of perjury, I declare that I have exam true, correct and complete Declaration of preparer (ined this return, including accor other than officer) is based on a	mpanying schedules and s ill information of which pre	statements, and to the best of my knowle parer has any knowledge	ledge and belo	ef, it is				
Sign	Lukyd Farly	tley		8-16-10						
Here	Signature of officer	entler -	(reasurer	Date						
	Type or print name and title	90 111	110000161							
Paid	Preparer's Signature & Ruhand Full	Muchy	Date 8-16	Check if self. Reployed N	arer's Identifyi	ng Num	nber			
Pre- parer's	Firm's name (or Richard L. Wheat	tley, QFA								
Use	yours if self- employed), address, and	it 31		CIIV	2855					
Only May the IB	ZIP+4 Essex Junction	wan about 2 Soc instruct	VT 05452		T-1		No.			
BAA	S discuss this return with the preparer sho	wii above / See instruct	10115 ,		Form 990-					

SCHEDULĖ A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Publication

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

			Automobile Soc						27-0	85164	0		
				us (All organizations) See	instruct	ions		
The o	orga	nization is not a pri	ıvate foundatıon becau	ise it is (For lines 1 throu	ugh 11, d	heck on	ly one b	ox)					
1		A church, convent	ion of churches or ass	ociation of churches desc	cribed in	section	170(b)(1)(A)(i).					
2		A school described	d in section 170(b)(1)(A)(ii). (Attach Schedule B	Ξ)								
3	П			e organization described	•	on 170(b	Υ1ΥΑΥ ί	ii).					
4	П			ed in conjunction with a h		•		•	/ h γ1)/Δ1	vii) Ente	er the hoen	ıtal'c	
	_	name, city, and st		a oonganotton mitra n	ospitai a	COCHDCC	5000	.0 , 0	(~)(')(~)	(III) = 1110	i the nosp	ilai 5	
5			perated for the benefit	of a college or university	owned o	or opera	ted by a	govern	mental ı	ınıt desci	ibed in sec	ction	
6	\Box	A federal, state, o	r local government or	governmental unit descrit	bed in se	ection 17	70(b)(1)(A)(v).					
7		An organization th	at normally receives a substantial part of its support from a governmental unit or from the general public described 1)(A)(vi). (Complete Part II)										
8	Ш	A community trust	described in section	1 70(b)(1)(A)(vi). (Complet	te Part II)							
9	X	from activities rela	ited to its exempt func	(1) more than 33-1/3 % o tions — subject to certain ess taxable income (less s complete Part III)	exception	ons. and	l (2) no i	more th	an 33-1/	3 % of its	s support fi	rom ar	220
10	П	An organization or	ganized and operated	exclusively to test for pu	blic safe	tv See :	section	509(a)(4	i).				
11		An organization or more publicly supp describes the type	ganized and operated ported organizations d	exclusively for the benefi lescribed in section 509(a ation and complete lines	it of, to paid	erform tection 5	the functions (2)	tions of	or carry	out the 09(a)(3).	purposes o Check the	of one box to	or hat
	_	a ∐ Type I	b Type II	c 🔛 Type II		,				d 🗌	Type III-		
е		By checking this b than foundation mi 509(a)(2)	ox, I certify that the organized anagers and other than	ganization is not controllent one or more publicly su	ed direct ipported	ly or ind organiza	rectly by	y one of escribed	r more d I in secti	isqualifie on 509(a	d persons)(1) or sec	other tion	
f		If the organization check this box	received a written dete	ermination from the IRS t	that is a	Type I,	Type II c	r Type	III suppo	orting org	anızatıon,		
g		Since August 17, 2	2006, has the organiza	tion accepted any gift or	contribu	ition froi	n any of	the foll	owing p	ersons?			
							-					Yes	No
		(i) a person who below, the go	o directly or indirectly overning body of the si	controls, either alone or t upported organization?	ogether	with per	sons des	scribed	ın (II) ar	ıd (ııı)	11 g (i)		
		(ii) a famıly men	nber of a person desc	rıbed ın (ı) above?							11 g (ii)		
		(iii) a 35% contro	olled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide the following	ng information about the	he supported organization	าร								
	(1)	Name of Supported Organization	(n) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in cot d in your erning ment?	the organ	ou notify nization in (i) of upport?	organizat	s the ion in col zed in the S ?	(VII) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			
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otal								* *** ****		c			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	- Citis Carpport Concadio 101	o.gameudon.					/(VI)	
Sec	(Complete only if you checked tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)			 	
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
_	Gifts, grants, contributions and membership fees received (Do not include unusual grants ')			(4)	(0) 2550	(0) 2000	(), 10.0	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-through 3							
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)							
	Public support. Subtract line 5 from line 4		ははなる。					
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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)							
11	Total support. Add lines 7 through 10	は一個				The state of the s		
12	Gross receipts from related activi	ties, etc (see ins	tructions)		······································	12		
13	First five years. If the Form 990 i organization, check this box and	s for the organiza stop here	tion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)) ▶ □	
Sec	tion C. Computation of Pul	olic Support P	ercentage					
14	Public support percentage for 200	09 (line 6, column	(f) divided by line	11, column (f)		14	%	
15	Public support percentage from 2	008 Schedule A, F	Part II, line 14			15	%	
16 a	33-1/3 support test — 2009. If the and stop here. The organization of	organization did i qualifies as a publ	not check the box licly supported org	on line 13, and than and the anization	he line 14 is 33-1/	3 % or more, che	ck this box	
b	b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17 a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	ation did not chec	k a box on line, 13	3, 16a, 16b, 17a, c	or 17b, check this	box and see instr	uctions	
3AA					Scl	hedule A (Form 9	90 or 990-EZ) 2009	

(Complete	only if y	ou checked	I the hox	on line	9 of Part I)	
COULDIESE	OHIO II V	OH CHECKER	I LITE DOX	OH IIIIE	2011 01111	

Calendary year (or fixed by beginning in)** (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total of the propose of the control of the propose of the propo	Sec	tion A. Public Support			···			
membership fees received (0) Gross receipts from admissions, merchandise sold of services performed, or the first related to the organization's tax-overmpt purpose Birst remark first activate that re organization's tax-overmpt purpose Birst remark first activate that re organization's tax-overmpt purpose Birst remark first activate that re organization's tax-overmpt purpose Birst remark first activate that re organization's tax-overmpt purpose Birst remark first activate that re organization's tax-overmpt purpose I fax reverses leved for the organization's benefit and organization without change 5 Texture first activate first activate for securities and the second first activate organization without change 6 Total. Add lines 1; through 5 7 a Amounts included on lines 1 and disqualified persons that exceed the greater of 1 % of the amount on lines 1 for first condition or lines 1 for first condition or lines 1 for first purpose organization or lines 2 for first activate first first first purpose first purpose first on securities loans, ferifish on securities loans, ferifish register and organization or first purpose first purpose first purpose first purpose first purpose for first purpose first purpose for first purp	Cale	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2 Cross recepts from admissions, mechanists sold facilities furnished in a activity mail is related to the organization's tax-exempt mail is related to the organization's tax-exempt mail is related to the organization's tax-exempt mail is related to the organization's tax-exempt mail is related to the organization's benefit and either paid to or expended on its behalf of the programation without charge of the programation without charge of the paid to organization without charge of the programation of	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
or services performed, or facilities threshed in a activity organization's lax evering the purpose of the purpo	2						····	
tactities furnished in a activity that is related to the purpose for size exempt purpose of size exempt purpose of size exempt purpose of size exempt purpose of size exempt of the purpose of size exempt of the size of size exempt of s	_							
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puipose all discussions from advives that are and a unrelated trade to business and a translated trade to business and a translated trade to business and atther paid to or expended on a substant services or tradities furnished by a governmental curt to the organization without charge 6 Total. Add lines 1 through 5 A amounts included on lines 1, 2, 3 received from disqualified by Amounts included on lines 2 and 3 received from disqualified by Amounts included on lines 2 and 3 received from disqualified by a control on line 13 for the c Add lines 7 and 7D 8 Public support (subtract line 7 from line 5) Section B. Total Support Calendar year (a lisally beginning in) + 9 Amounts from line 6 10 agross income from interest, on securities brain, refits, on securiti								
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Miscellaneous Statement

Page 2, Part 3 Exempt purpose	
To serve as an educational organization to further public interest and foster public	
appreciation of antique automobiles in light	
of their use, preservation, their role in	
our nation's history and culture and social	
impact.	

Total

8868 Earm

(Rev April 2009)

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.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on Do not complete Part II unless you have already been granted an automatic 3-month extension on a present I Automatic 3-Month Extension of Time. Only submit original (no copies needed) 	riously fil		
	•		
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check th Part I only	s box a	nd comple	te . ► 🗌
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700 time to file income tax returns.	4 to req	uest an ex	tension of
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autonone of the returns noted below (6 months for a corporation required to file Form 990-T). However, electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 99 returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and see 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for the second s	you ca 90-BL, 6 gned pa	nnot file F 069, or 88 ige 2 (Part I	orm 8868 70, group II) of Form
Type or Name of Exempt Organization Er	nployer i	dentification	n number
print Vermont Antique Automobile Society, Inc.	27	08516	540
File by the due date for filing your Number, street, and room or suite no. If a P O box, see instructions P.O. Box 180			
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions Underhill, VT 05489			
Check type of return to be filed (file a separate application for each return). ☐ Form 990 ☐ Form 990-T (corporation) ☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 990-PF ☐ Form 1041-A		Form 4720 Form 5227 Form 6069 Form 8870	7 Э
Telephone No ► (802) 879-9455 FAX No ► (802) 879-06 If the organization does not have an office or place of business in the United States, check this bo If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ► □ . If it is for part of the group, check this box a list with the names and EINs of all members the extension will cover	× . N/A	 If th and att	
1 I request an automatic 3-month (6 months for a corporation required to file Form until August 15 , 20 10 , to file the exempt organization return for the organization nar for the organization's return for ✓ calendar year 20 09 or tax year beginning , 20 , and ending	ned abo	ve The ext	tension is
2 If this tax year is for less than 12 months, check reason ☑ Initial return ☐ Final return ☐ 0	Change	ın accounti	ng period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	N/A
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	N/A
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		<u> </u>	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	0
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-		<u> </u>	
for payment instructions.			