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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2010

Open to Public Inspection

Employer Identification number

	que Caterpillar Maci						-		93-109	
Pai	Reason f	or Public Char	rity Status (All organ	nizations	must c	omplete	this par	t.) See ir	nstruction	ns.
The d			tion because it is: (Fo							
1	A church, con	vention of church	nes, or association of	churches	describe	d in sect	ion 170(b)(1)(A)(ī)) .	
2			170(b)(1)(A)(ii). (Attac							
3			spital service organiza							
4		earch organizatione, city, and state	on operated in conjuncts:	ction with	a hospita	al describ	ed in se	ction 170	(b)(1)(A)(i	ii). Enter the
5		on operated for t)(1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or univ	ersity ov	vned or o	perated	by a gov	vernmenta	I unit described in
6 7	An organization	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	I part of a	scribed in its suppo	section at from a	170(b)(1 governn)(A)(v). nental un	it or from	the general public
8	☐ A community	trust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.) 🕝				
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	in 331/3% ions—sut ated bus	of its su oject to d iness tax	pport fro ertain ex cable inc	ceptions ome (les	and (2)	.no <u>more</u>	than 331/3% of its
10	An organization	n organized and	operated exclusively	to test fo	r public s	afety. Şe	e sectio	n 509(a)(4)	,
11			d operated exclusive							
			licly supported organ							
	509 (a)(3). Che	ck the box that o	describes the type of s	supportin	g organiz	ation and	i comple	te lines 1	1e throug	h 11h.
	a 🗌 Type	і в 🗆	Type II c	□ Тур	e III-Fund	ctionally i	ntegrate	d	d [] Type III–Other
е			that the organization			•				•
			ers and other than one	or more	publicly	supporte	ed organi	izations d	lescribed	in section 509(a)(1)
	or section 509									
f	organization, o	check this box .	written determination							e III supporting
9	Since August following pers		he organization accep	oted any	gift or co	ontributio	n from a	ny of the	•	
	• • •	•	ndirectly controls, eithody of the supported of		_			described	d in (ii) an	d Yes No
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii) 🗸
	(iii) A 35% co	ntrolled entity of	a person described in	(i) or (ii) a	above?.					11g(ili) 🗸
ħ	Provide the fo	llowing informati	on about the support	ed organi	zation(s).					
Ø	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(fv) is the o in col. (i) lis governing o	sted in your	col. (i)	ization in	organizat (i) organi	s the tion in col. zed in the S.?	(vii) Amount of support
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)	, , , , , , , , , , , , , , , , , , , 						-			
(D)	· · · · · · · · · · · · · · · · · · ·	-								
(E)	····									
			 							

Schedu	te A (Form 990 or 990-EZ) 2010						Page	. 2
Part	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if the	e organization	n failed to qua	i)	_
Secti	on A. Public Support							_
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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							_
3	The value of services or facilities furnished by a governmental unit to the organization 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)							-
6	Public support, Subtract line 5 from line 4.	•						<u> </u>
	on B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4		ļ	<u> </u>			ļ	
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.)				:			
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y			
	organization, check this box and stop he			• • • •		· · · ·	<u> ▶</u>	
	on C. Computation of Public Suppor					,		
14 15 16a	Public support percentage for 2010 (line of Public support percentage from 2009 Sct 331/2% support test—2010. If the organization quality and stop here. The organization quality support test—2010 is the org	nedule A, Part zation did not	II, line 14 check the box	on line 13, an	 d line 14 is 33			<u>%</u> <u>%</u>
b	331/23% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/23% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts- acts-and-circ	and-circumstaumstaumstances" te	inces" test, ch st. The organiz	eck this box a ation qualifies	nd stop here. as a publicly s	Explain in supported	
b	10%-facts-and-circumstances test—2: 15 is 10% or more, and if the organization in Part IV how the organization in supported organization	tion meets the eets the	e "facts-and-c s-and-circums	ircumstances" tances" test. 1	test, check ti The organization	his box and so on qualifies as	top here. a publicly	
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see . 04 2	
						h a di da A (Taren 0		

Schedule A (Form 990 or 990-EZ) 2010

Page 3

Part	Support Schedule for Organiza	itions Descr	ibed in Section	on 509(a)(2)			_
	(Complete only if you checked th	ie box on line	9 of Part I or	if the organiz	ation failed t	o qualify unde	er Part II.
<u> </u>	If the organization fails to qualify	under the te	sts listed belo	w, please coi	mplete Part II	l.)	
	on A. Public Support	(a) 2006	(L) 2007	(-) 0000 T	4 9 9 9 9 1		10.54
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership tees	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
•	received. (Do not include any "unusual grants.")	I			118071	111636	229707
2	Gross receipts from admissions, merchandise		 				
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		290826	387468	82652	304377	1065333
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 through 5		290826	387468	200733	416013	1295040
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b					-	
8	Public support (Subtract line 7c from line 6.)				. :		1295040
Secti	on B. Total Support		·		1		
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6		290826	387468	200733	416013	1295040
10a	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		6104	7930	0	797	14831
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		6104	7930	o	797	14831
11	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, and 12.)		296930	395398	200733	416810	1309871
14	First five years. If the Form 990 is for the organization, check this box and stop he	•	n's first, second		•		
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2010 (line 8	8, column (f) d	ivided by line 1:	3, column (f))		15	98.90 %
16	Public support percentage from 2009 Sch				<u> </u>	16	98.90 %
Secti	on D. Computation of Investment In						
17	investment income percentage for 2010 (17	1 10 %
18	investment income percentage from 2009					18	1.10 %
19a	331/a% support tests—2010. If the organ 17 is not more than 331/a%, check this box						
b	33'a% support tests—2009. If the organizatine 18 is not more than 33'a%, check this l	ation did not d	check a box on l	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
00	Private foundation. If the organization di		_	-			
20	Filvate logituduon. Il the organization di	O HOL CHECK &	OUX OIT III IE 14,	130, 01 130, 0		ario see ilisuu	

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art IV		Page 4
	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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ANTIQUE CATERPILLAR MACHINERY
OWNERS CLUB
% TRICIA POTTS
7501 N UNIVERSITY STE 119
PEORIA IL 61614



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature 869 West Detweiller Dr.

Peoria, IL 61615

Title