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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: THE VETERAN MOTOR CAR CLUB OF AMERICA
Number and street (or P O box, if mail is not delivered to street address): PO BOX 2461
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: FORT COLLINS, CO 80522

D Employer identification number: 04-6059578
E Telephone number: (970) 222-1075
F Group Exemption Number:

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)(3), 501(c)(7), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$125,971

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 123 to 193,299.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	224,349	22 221,220
23 Land and buildings		23
24 Other assets (describe in Schedule O)	20,615	24 23,962
25 Total assets	244,964	25 245,182
26 Total liabilities (describe in Schedule O)	60,344	26 51,883
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	184,620	27 193,299

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

PRESERVING ANTIQUE CARS AND RELATED MATERIALS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 PUBLICATION OF THE BULB HORN MAGAZINE (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 ORGANIZATION OF TOURS DRIVING ANTIQUE AND HISTORICALLY SIGNIFICANT AUTOMOBILES (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MIKE WERCKLE PRES	004 00	0		
MIKE DERBIDGE VP	001 00	0		
MICHAEL WELSH SEC	015 00	17,160		
ROBERT EDELMAN TREAS	005 00	0		
NANCY BRADFIELD VP	001 00	0		
JIM TALBOT VP	002 00	0		
MIKE JOHNSTON VP	001 00	0		
BILL SULLIVAN VP	002 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2014) questions 33-45b regarding organizational activities, financials, and compliance. Includes questions about significant activities, changes to documents, unrelated business income, political expenditures, loans, and foreign accounts.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 2015-04-01 Date
 ROBERT EDELMAN TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
 Firm's name Firm's EIN
 Firm's address Phone no

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2014

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Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ 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.

Name of the organization
THE VETERAN MOTOR CAR CLUB OF AMERICA

Employer identification number

04-6059578

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 2,640
Form 990-EZ, Part I, Line 16, Other Expenses	Unrelated business income taxes 697
Form 990-EZ, Part I, Line 16, Other Expenses	Amortization 457
Form 990-EZ, Part I, Line 16, Other Expenses	Depreciation 215
Form 990-EZ, Part I, Line 16, Other Expenses	OFFICE EXPENSES 5,929
Form 990-EZ, Part I, Line 16, Other Expenses	INSURANCE 4,541
Form 990-EZ, Part I, Line 16, Other Expenses	CREDIT CARD FEES 1,113
Form 990-EZ, Part I, Line 16, Other Expenses	AWARDS 84
Form 990-EZ, Part I, Line 16, Other Expenses	ADVERTISING AND PROMOTION 606
Form 990-EZ, Part I, Line 16, Other Expenses	SCHOLARSHIPS 500
Form 990-EZ, Part I, Line 16, Other Expenses	DISPOSITION OF FIXED ASSETS 272
Form 990-EZ, Part II, Line 24, Other Assets	ACCOUNTS RECEIVABLE Beginning of year 1,115, End of year 620
Form 990-EZ, Part II, Line 24, Other Assets	OTHER CURRENT ASSETS Beginning of year 13,222, End of year 17,610
Form 990-EZ, Part II, Line 24, Other Assets	INVENTORY Beginning of year 5,173, End of year 4,993
Form 990-EZ, Part II, Line 24, Other Assets	OFFICE EQUIPMENT - NET OF DEPRECIATION Beginning of year 1,105, End of year 739
Form 990-EZ, Part II, Line 26, Liabilities	ACCOUNTS PAYABLE Beginning of year 6,623, End of year 2,425
Form 990-EZ, Part II, Line 26, Liabilities	DEFERRED REVENUE Beginning of year 52,066, End of year 47,706
Form 990-EZ, Part II, Line 26, Liabilities	PAYROLL TAXES Beginning of year 1,655, End of year 1,592
Form 990-EZ, Part II, Line 26, Liabilities	INCOME TAX ON UNRELATED BUSINESS INCOME Beginning of year 0, End of year 160

TY 2014 Compensation Explanation

Name: THE VETERAN MOTOR CAR CLUB OF AMERICA

EIN: 04-6059578

Software ID: 14000292

Software Version: 14.4.1.0

Person Name	Explanation
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