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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)

▶ **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.**

OMB No 1545-1150
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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) Room/suite
 PO BOX 2461

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) ▶ _____

I Website: ▶ WWW.VMCCA.ORG

J Tax-exempt status (check only one) 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527

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

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. ▶ \$ 111,364

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received							2,308																							
	2 Program service revenue including government fees and contracts							19,474																							
	3 Membership dues and assessments							85,072																							
	4 Investment income							1,691																							
	5a Gross amount from sale of assets other than inventory																														
	b Less cost or other basis and sales expenses																														
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6 Gaming and fundraising events																														
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																														
c Less direct expenses from gaming and fundraising events																															
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															
	7a Gross sales of inventory, less returns and allowances												1,559																		
	b Less cost of goods sold												1,109																		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															450															
8 Other revenue (describe in Schedule O)																															
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															
Expenses	10 Grants and similar amounts paid (list in Schedule O)																														
	11 Benefits paid to or for members																														
	12 Salaries, other compensation, and employee benefits																														
	13 Professional fees and other payments to independent contractors																														
	14 Occupancy, rent, utilities, and maintenance																														
	15 Printing, publications, postage, and shipping																														
	16 Other expenses (describe in Schedule O)																														
17 Total expenses. Add lines 10 through 16																															
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																														
	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)																														
	20 Other changes in net assets or fund balances (explain in Schedule O)																														
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																														

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	221,220	22	218,277
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	23,962	24	19,821
25 Total assets	245,182	25	238,098
26 Total liabilities (describe in Schedule O)	51,883	26	52,480
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	193,299	27	185,618

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

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

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

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(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 DERBIDGE PRES	004 00	0		
DON KNIGHT 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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of ROBERT EDELMAN Telephone no (970) 222-1075 Located at 4545 N HIGHWAY 1 FORT COLLINS, CO ZIP + 4 805249572
42b 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
42c See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes 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

Table with 3 columns: Question, Yes, No. Row 46: Yes, No

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 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

Table with 3 columns: Question, Yes, No. Row 47: Yes, No

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

Table with 3 columns: Question, Yes, No. Row 48: Yes, No

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

Table with 3 columns: Question, Yes, No. Row 49a: Yes, No

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

Table with 3 columns: Question, Yes, No. Row 49b: Yes, No

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: 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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: 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 (*****), Date (2016-04-06), Type or print name and title (ROBERT EDELMAN TREASURER)

Paid Preparer Use Only: Preparer's name, signature, date, Check if self-employed, PTIN, Firm's name, EIN, Firm's address, Phone no

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID: 15000290
Software Version: 15.3.0.0
EIN: 04-6059578
Name: THE VETERAN MOTOR CAR CLUB OF AMERICA

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; 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	

TY 2015 Compensation Explanation

Name: THE VETERAN MOTOR CAR CLUB OF AMERICA

EIN: 04-6059578

Software ID: 15000290

Software Version: 15.3.0.0

Person Name	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

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 8, Other Revenue	ROYALTY INCOME SALE OF MERCHANDISE 1,260
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 707
Form 990-EZ, Part I, Line 16, Other Expenses	Amortization 229
Form 990-EZ, Part I, Line 16, Other Expenses	Depreciation 344
Form 990-EZ, Part I, Line 16, Other Expenses	OFFICE EXPENSES 5,134
Form 990-EZ, Part I, Line 16, Other Expenses	INSURANCE 4,913
Form 990-EZ, Part I, Line 16, Other Expenses	CREDIT CARD FEES 1,186
Form 990-EZ, Part I, Line 16, Other Expenses	AWARDS 774
Form 990-EZ, Part I, Line 16, Other Expenses	ADVERTISING AND PROMOTION 1,467
Form 990-EZ, Part I, Line 16, Other Expenses	SCHOLARSHIPS 500
Form 990-EZ, Part I, Line 16, Other Expenses	PROFESSIONAL FEES 1,150
Form 990-EZ, Part I, Line 16, Other Expenses	BULB HORN LIBRARY PROJECT 1,867
Form 990-EZ, Part II, Line 24, Other Assets	ACCOUNTS RECEIVABLE Beginning of year 620, End of year 260
Form 990-EZ, Part II, Line 24, Other Assets	OTHER CURRENT ASSETS Beginning of year 17,610, End of year 13,791
Form 990-EZ, Part II, Line 24, Other Assets	INVENTORY Beginning of year 4,993, End of year 4,905
Form 990-EZ, Part II, Line 24, Other Assets	OFFICE EQUIPMENT - NET OF DEPRECIATION Beginning of year 739, End of year 865
Form 990-EZ, Part II, Line 26, Liabilities	ACCOUNTS PAYABLE Beginning of year 2,425, End of year 5,961
Form 990-EZ, Part II, Line 26, Liabilities	DEFERRED REVENUE Beginning of year 47,706, End of year 44,962
Form 990-EZ, Part II, Line 26, Liabilities	PAYROLL TAXES Beginning of year 1,592, End of year 1,550

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26, Liabilities	INCOME TAX ON UNRELATED BUSINESS INCOME Beginning of year 160, End of year 7