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Form 990

Department of the Treasury Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2010 ca		ear, or tax year beg	inning 01-01-2010	and ending 12-31-2	010				
B Che	ck ıf a	pplicable		of organization Y RAMBLER RECREATIO	NAL VEHICLE CLUB INC				D Empl	oyer i	identification number
☐ Add	ress ch	ange	Doing F	Business As					35-1	115	913
☐ Nar	ne chai	nge	Doing L	usiliess As					E Telep	hone	number
Init	ıal retui	rn	Numbe	r and street (or P O bo	x ıf maıl ıs not delivered	to street address)	Roor	n/suite	(574) 29!	5-9800
☐ Ter	mınated	d	РО ВОХ	3028							
┌ Am	ended i	return		town, state or country,	and ZIP + 4				G Gross	receip	ots \$ 790,376
┌ App	lication	pending	ELKHAF	RT, IN 46515							
			F N	ame and address of	f principal officer		H(a) Is this a		for affil	lates? Yes V No
			CHR	ISTINA CRIST	•		"("	, istilisa (group recurn	ioi aiiii	iates (inc
				BURGUNDY CT IART,IN 46514			Н(Ь) Are all a	iffiliates ind	cluded	?
				,							t (see instructions)
I Ta	k-exem	pt status	501	(c)(3) 5 01(c) (7) ◄ (insert no)	47(a)(1) or	H(c) Group	exempt	ion n	umber 🟲
J W	ebsit e	:► WW	/W HRRV	C O RG							
V Form	- of or	an numation	☑ Corno	ration Trust Asso	out to D Other b		1 1. 1	ear of forr	antion 10	64	M State of logal demons TN
	r t I		mary	Tation Trust Asso	ciation j other F			ear or ron	nation 19	04	M State of legal domicile IN
га						i a a pt a a turriti a a					
				-	ission or most signif HERS TO FOSTER 1		BLER PR	орист			
3											
듄	_										
E .	-										
Š.	2 (Check th	nis box 🟲	lf the organization	on discontinued its o	perations or dispose	ed of more	than 25	% of its	neta	assets
S)	3 1	Number	of voting	members of the go	verning body (Part V	I, line 1a)			ļ	3	8
$\widetilde{\mathscr{L}}$	4 1	Number	of indepe	ndent voting memb	ers of the governing	body (Part VI, line 1	1b) .			4	8
Activities & Governance	5	Total nu	mber of 11	ndıvıduals employe	d ın calendar year 20	010 (Part V , line 2a))		L	5	2
ਓ	6	Total nu	mber of v	olunteers (estimate	e (fnecessary) .					6	0
4	7a ¹	Total un	related b	usıness revenue fro	om Part VIII, columr	n (C), line 12			L	7a	4,769
	ь١	Net unre	lated bus	iness taxable inco	me from Form 990-T	, line 34				7b	1,220
								Prior	Year		Current Year
_	8	Contri	butions a	ind grants (Part VI)	II, lıne 1h)				195,3	305	179,978
	9	Progra	ım servic	e revenue (Part VI	II, line 2g)				606,6	546	344,206
Reven	10	Invest	tment ınc	ome (Part VIII, co	lumn (A), lines 3, 4,	and 7d)			11,7	784	3,019
<u> </u>	11	Other	revenue	(Part VIII, column	(A), lines 5, 6d, 8c,	9c, 10c, and 11e)			36,9	88	24,502
	12				n 11 (must equal Par		line		950	7 2 2	FF1 70F
	42				D-st IV luss (A)				850,7		551,705
	13				Part IX, column (A),		•		18,0		16,000
	14			-	art IX, column (A), li	•				0	0
88	15	Salarie 10)	es, other	compensation, emp	oloyee benefits (Part	IX, column (A), line	s 5 –		108,1	194	92,732
Expenses	16a	•	sional fu	ndraising fees (Part	: IX, column (A), line	11e)				0	0
÷.	ь			xpenses (Part IX, colum							
ш	17		_		(A), lines 11a-11d,	11f-24f)			793,0	77	513,008
	18				(must equal Part IX,	•			919,2	-	621,740
	19				line 18 from line 12				-68,5	_	-70,035
* å								eginning		-	
Net Assets or Fund Balances									ar		End of Year
3.5	20	Total	assets (P	art X, line 16) .					712,6	502	597,902
3,5	21	Totall	liabilities	(Part X, line 26) .					214,8	-	157,484
	22				ract line 21 from line	20			497,7	757	440,418
Par	t II	Sign	ature E	3lock							
	edge a				amined this return, inc lete. Declaration of pr						to the best of my of which preparer has any
		****							1-06-23		
Sign		Signa	ature of off	cer				Dat	e		
Here	•		ISTINA CRI								
		<u> </u>	•	ame and title	_						
		Print/Type preparer's		BARRY K HALL	Preparer's signature	BARRY K HALL	Date		heck if self mployed 🕨		PTIN
Paid				GGEL LAWTON & COMPA	ANY LLC		1		, 24 -	1	Firm's EIN
Prepa	arer	Firm's add	dress 1 31	7 W FRANKLIN ST							
Use (Only	J aut									Phone no (574) 264- 2247
Mav t	he JR	S discus		KHART, IN 46516 turn with the prepar	rer shown above? (se	e instructions) -					✓ Yes No
, .				propul							

Part IV	Checklist	of Rea	uired	Sched	ules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 5	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV \cdot	16		Νo
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νo
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

LOIIII	(2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	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," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other I	RS Filings	and Tax	Compliance

Form	990 (2010)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response to any question in this Part V			ı
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return	,		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	7		
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country ►CA			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		l No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
_	services provided to the payor?	<u></u>		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
L	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	; 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	,9		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a (4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club acilities	4		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	1		
	13c	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u></u>	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Charle of Cabadula O	contains a response to an	augetien in this Dart I/I					1.4
Check if Schedule O	contains a response to any	question in this Part VI					

Se	ction A. Governing Body and Management			
			Yes	No
1-	Enter the number of voting members of the governing body at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		N o N o
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following		V	
a	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	_00		
17	List the States with which a copy of this Form 990 is required to be filed►IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website. Another's website. Upon request.			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FCHRISTINA CRIST CFO

1561 BURGUNDY CT ELKHART, IN 46514 (574) 295-9800

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ♣ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiza	tion nor any rela	ted org	anıza	ation	con	npens	ated	any current office	r, director, or trust	e e
(A) Name and Title	(B) A verage hours	Posi t				II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) LARRY BLACK NATIONAL DIRECTOR	5 00	Х						0	0	0
(2) PAUL BRAND NATIONAL DIRECTOR	5 00	Х						0	0	0
(3) LEE CLEMENT NATIONAL DIRECTOR	5 00	х						0	0	0
(4) TOM KNIGHT NATIONAL DIRECTOR	5 00	х						0	0	0
(5) JOHN POWELL PRESIDENT/NATIONAL DIRECTO	15 00			х				0	0	0
(6) WANDA SMITH VP/SECRETARY/NATIONAL DIRECTO	10 00			х				0	0	0
(7) RAY NICHOLS TREASURER/NATIONAL DIRECTO	15 00			х				0	0	0
(8) LARRY WITT NATIONAL DIRECTOR	5 00			х				0	0	0
(9) LINDA MORAN CHIEF OPERATING OFFICER	40 00			х				50,000	0	0

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	ne and Title Average Position (check all Reportable Reporta hours that apply) compensation compens								(E) Reportable compensation from related	. .	(F) Estima amount o compens	ated of other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from organizat relat organiza	the ion and ed
											+		
											+		
_	Cub Tatal							<u> </u>			-		
<u> </u>	Sub-Total						• •				_		
: :	Total (add lines 1b and 1c)							-	50,000		0		0
	Total number of individuals (in \$100,000 in reportable compe	cluding but not lin	nıted to	thos	e lıs) who	received more tha	n			
	Did the organization list any f o									ated employee		Yes	No
	on line 1a? If "Yes," complete S For any individual listed on line	e 1a, is the sum o	f report	able	com	pens	ation	and (other compensatior		3		No
	organization and related organ	ızatıons greater ti	nan \$15	50,0C	.071	[f "Y -	es," co.	mple -	te Schedule J for suc	ch	4		N.
	Did any person listed on line 1 services rendered to the organ												No
<u> </u>	ection B. Independent Co						. 2301	,, 51,	· · · ·	· 	5		No
<i>.</i> -	Complete this table for your five \$100,000 of compensation from	ve highest comper		ındep	ende	ent c	ontrac	tors	that received more	e than			
		(A) lame and business add							Descr	(B) iption of services		(C Comper	
_											+		
_											\Box		
									I				

orm 99		·					Р	age 9
art V		Statement of Reven	ue		(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenu exclude
						function revenue		from tax under section: 512, 513, or
2 92	1a	Federated campaigns	1a					514
₹		Membership dues		166,394				
້≅		Fundraising events						
.e								
? <u>`</u> ≝		Related organizations						
·25		Government grants (contributions)						
and other similar amounts		All other contributions, gifts, grants similar amounts not included above	e	13,584				
ž	g	Noncash contributions included in l	nes 1a-1f \$					
. <u>'</u> ख	h	Total. Add lines 1a-1f	in a market in the second		179,978			
an				Business Code				
Program Serwoe Revenue		INCOME RALLIES		721210	216,457			
坐		INCOME GETAWAYS INCOME ADVENTURES		721210	84,923			
Š	c d	INCOPIL ADVENTURES		721210	42,826	42,826		
3	e							
		All other program service re	venue					
2								
_		Total. Add lines 2a-2f			344,206			
		Investment income (includir and other similar amounts)		-	4,690		4,690	
		Income from investment of tax-ex		-				
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents						
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
			(ı) Securities	(II) O ther				
	-	Gross amount from sales of	237,000					
		assets other than inventory						
		Less cost or other basis and	238,671					
		sales expenses Gaın or (loss)	-1,671					
		Net gain or (loss)	<u> </u>		-1,671			-1,6
		Gross income from fundraisi			,			,
		(not including						
		\$ of contributions reported on	line 1c)					
:		See Part IV, line 18	•					
			a					
'		Less direct expenses . Net income or (loss) from fur						
-			ctivities See Part IV, line 19 . a	,				
			<u>.</u>	ь				
	С	Net income or (loss) from ga	ming activities					
		Gross sales of inventory, les	S	T				
		recums and anowances .	a	79				
	b	Less cost of goods sold .	. b					
	С	Net income or (loss) from sa	les of inventory 🕨		79		79	
		Miscellaneous Revenue		Business Code		22.5:5		
		RAMBLING ADVERTISING		511190	22,649	,		
		MISC REVENUE		900099	1,749	·		
		NEW MEMBERS		561000	25	25		
		All other revenue						
	e	Total. Add lines 11a-11d			24,423			
	12	Total revenue. See Instructi	ons	}				
					551,705	368,629	4,769 orm 990 (2	
						F	orm 990 (2	0101

	990 (2010)				Page 10
Part	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D)	
	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	16,000	16,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	50,192		50,192	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	35,141		35,141	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,399		7,399	
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	14,025		14,025	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	19,143		19,143	
12	Advertising and promotion	855		855	
13	Office expenses	91,684	11,722	79,962	
14	Information technology	378		378	
15	Royalties				
16	Occupancy	16,850		16,850	
17	Travel	75,220	40,217	35,003	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	262,316	257,491	4,825	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	431		431	
23	Insurance	19,933		19,933	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	NEW MEMBER	4,447		4,447	
ь	DUES AND SUBSCRIPTIONS	1,704		1,704	
С	BAD DEBT EXPENSE	856		856	
d	REPAIR AND MAINTENANCE	672		672	
e	BADGES/DECALS	660		660	
f	All other expenses	3,834		3,834	
25	Total functional expenses. Add lines 1 through 24f	621,740	325,430	296,310	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	compined educational campaign and fundraising solicitation	L			

Part X Balance Sheet (A) (B) Beginning of year End of year 147,625 1 Cash—non-interest-bearing 67,384 428.022 395.394 2 Savings and temporary cash investments 2 3 3 2.844 4 2,955 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 8 8 Prepaid expenses and deferred charges 32,101 9 17,146 10a Land, buildings, and equipment cost or other basis Complete Part 37.053 10a VI of Schedule D 10b 36.772 712 ь Less accumulated depreciation 10c 281 101.298 114.742 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 712,602 16 597,902 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 8.648 17 2,739 17 Accounts payable and accrued expenses . 18 18 206.197 19 19 154.745 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 214,845 157,484 26 **Total liabilities.** Add lines 17 through 25 . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 328,245 27 272,154 Temporarily restricted net assets 169,512 168,264 28 28 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 497,757 33 440,418 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 712,602 597,902 34

Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	• •	•	. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		ĭ	551,70!
2	Total expenses (must equal Part IX, column (A), line 25)	2		(521,740
3	Revenue less expenses Subtract line 2 from line 1	3			-70,03!
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	197,75
5	Other changes in net assets or fund balances (explain in Schedule O)	5			12,696
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4	140,418
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Inspection ► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization HOLIDAY RAMBLER RECREATIONAL VEHICLE CLUB INC 35-1115913 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ____ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easur	es, or O	ther	Similar A	sset	S (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing t	hat are	a sıgnıfıca	nt us	e of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	r the or	ganızatıon	's exe	empt purpos	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								llar	Γ γ.	es	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	forc	ontribu	tions or	other ass	ets n	ot	Γ γ.	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			moun	t	
с	Beginning balance						F	1c				
d	Additions during the year					r	1d					
e	Distributions during the year					r	1e					
f	Ending balance						r	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L				es	
	If "Yes," explain the arrangement in Part XIV									, -		,
	t V Endowment Funds. Complete		n ans	wer	ed "Ye	s" to Fo	orm 990.	Part	IV. line 10) _		
		(a)Current Year)Prior			Years Back		hree Years Bac		our Ye	ars Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
С	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are held	l and ad	mınıstere	d for t	:he	_		
	organization by								_		Yes	No
	(i) unrelated organizations							•		a(i)		
ь	(ii) related organizations									a(ii) 3b		
4	Describe in Part XIV the intended uses of th	•						•		30		
	t VI Investments—Land, Buildings					90. Par	t X. line	10.				
		-, <u> </u>			a) Cost o		(b)Cost or		(c) Accumul	ated		
	Description of investment				isis (inve		basis (ot		depreciati		(d) B	ook value
1a	_and											
Ь	Buildings											
c	_easehold improvements											
d I	Equipment					37,053			3	36,772		281
e	Other											
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,), line	10(c).)				<u> </u> ►			281
		JJO, Tare A, colui	(D)	,, ,,,,	(-).)	•		•	Schedule	D (Fo	rm 99	

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	551,705
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	621,740
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-70,035
4	Net unrealized gains (losses) on investments	4	12,696
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	12,696
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-57,339
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	564,443
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	12,696
3	Subtract line 2e from line 1	3	551,747
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-42
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	551,705
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	621,782
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	42
3	Subtract line 2e from line 1	3	621,740
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	621,740
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		PART XII LINE 4B AND PART XIII LINE 2D FOREIGN
		EXCHANGE CONVERSION
		PART X, LINE 2 HE INCOME TAXES TOPIC OF THE
		FINANCIAL ACCOUNTING STANDARDS BOARD
		ACCOUNTING STANDARDS CODIFICATION (ASC) 740
		CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN
		INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S
		FINANCIAL STATEMENTS ASC 740 REQUIRES AN
		ENTERPRISE TO DISCLOSE THE NATURE OF UNCERTAIN
		TAX POSITIONS TAKEN, IF ANY, WHEN FILING ITS INCOM
		TAX RETURN UTILIZING A TWO-STEP PROCESS TO
		RECOGNIZE AND MEASURE ANY UNCERTAIN TAX
		POSITIONS TAKEN THE ENTITY RECOGNIZES A TAX
		BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE
		POSITION WOULD BE SUSTAINED IN A TAX
		EXAMINATION, WITH A TAX EXAMINATION BEING
		PRESUMED TO OCCUR NO TAX BENEFIT WILL BE
		RECORDED ON TAX POSITIONS NOT MEETING THE MORE
		LIKELY THAN NOT TEST INTEREST AND PENALTIES
		ACCRUED OR INCURRED, IF ANY, AS A RESULT OF
		APPLYING ASC 740 WILL BE RECORDED TO INTEREST
		EXPENSE AND OTHER EXPENSE, RESPECTIVELY BASED (
		ITS EVALUATION, THE ORGANIZATION HAS CONCLUDED
		THAT THERE ARE NO UNCERTAIN TAX POSITIONS
		REQUIRING RECOGNITION IN ITS FINANCIAL
		STATEMENTS THE ORGANIZATION'S EVALUATION WAS
		PERFORMED FOR ALL FEDERAL AND STATE TAX PERIODS
		STILL SUBJECT TO EXAMINATION

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493193001341 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

Name of the organization					Employer identification number			
HOLIDAY RAMBLER RECREATIONA	35-1115913							
Part I General Information	on on Grants and	d Assistance				•		
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the grants or as atıon's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	ed States			✓ Yes 🗀	
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	nent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	
2 Enter total number of section 50						_		
3 Enter total number of other orga	anizations					<u> .</u>		

art III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes" to Form 990), Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	· -		

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS PROVIDED TO COLLEGE STUDENTS WHO ARE FAMILY RELATION TO MEMBERS OF THE HOLIDAY RAMBLER RECREATIONAL VEHICLE CLUB	8	16,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 STUDENTS ARE NOTIFIED THAT THE SCHOLARSHIP HAS BEEN AWARDED SCHOLARSHIP PAYMENTS ARE MAILED DIRECTLY TO THE EDUCATIONAL INSTITUTION THE STUDENT IS ATTENDING THE STUDENT ID NUMBER OR SSN IS INCLUDED ON THE CHECK PAYMENT THE SCHOOL IS THEN RESPONSIBLE FOR APPLYING THE SCHOLARSHIP PAYMENT TO THE STUDENT'S ACCOUNT THE ORGANIZATION
		IS CONTACTED BY THE STUDENT IF AN ERROR OCCURS THE ORGANIZATION FOLLOWS UP WITH THE SCHOOL TO HELP CORRECT ANY ERRORS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493193001341

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization HOLIDAY RAMBLER RECREATIONAL VEHICLE CLUB INC Employer identification number

35-1115913

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS MEMBERS ACROSS THE UNITED STATES AND IN CANADA THE MEMBERS VOTE ON CHANGES TO THE ARTICLES OF INCORPORATION ALL OTHER MOTIONS ARE PRESENTED AND VOTED ON BY THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ALL CLUB MEMBERS ARE ELIGIBLE TO RUN FOR THE BOARD OF DIRECTORS MEMBERS ARE NOMINATED, AND THE NAMES OF ALL NOMINATED MEMBERS ARE PUT ON A BALLOT ALL MEMBERS OF THE CLUB ARE ALLOWED TO VOTE TO ELECT THE MEMBERS WHO WILL COMPRISE THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		AT TIMES, IF A SIGNIFICANT ISSUE IS BROUGHT TO THE BOARD OF DIRECTORS, THE BOARD WILL MAKE A MOTION THE BOARD OF DIRECTORS VOTE ON ALL MATTERS MEMBERS ARE PERMITTED TO VOTE ON CHANGES TO THE ARTICLES OF INCORPORATION

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		BEFORE FORM 990 IS FILED, LINDA MORAN, CHIEF OPERATING OFFICER, AND CHRISTINA CRIST, ACCOUNTING MANAGER, REVIEW FORM 990 AND ALL SUPPLEMENTARY SCHEDULES ONCE FORM 990 (PREPARED BY PAID PREPARER) IS PROVIDED TO THEM VIA EMAIL THE RETURN IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS, ALSO VIA EMAIL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST, VIA EMAIL OR HARD COPY SENT VIA UNITED STATES POSTAL SERVICE

ldentifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	LARRY BLACK - 804 CHRIS HAVEN DRIVEN, SEYMOUR, TN 37865 PAUL BRAND - 29 YORK ST BROWN HILL RR #1, SUTTON WEST, ONT, CANADA LOE 1RO LEE CLEMENT - 207 JULIE DRIVE, KANKAKEE, IL 60901 TOM KNIGHT - 2260 FRONT STREET, UNIT 101, MELBOURNE, FL 32901 JOHN POWELL - 9471 CONCORD RD, POWELL, OH 43065 WANDA SMITH - 1700 S RED ROCK DRIVE, PAHRUMP, NV 89048 RAY NICHOLS - 65692 E ROCKY TERRACE DR, TUSCON, AZ 85739 LARRY WITT - 103 N HAWTHORN DRVIE, ALTOONA, IA 50009 LINDA MORAN - 58601 BEECH ROAD, MISHAWAKA, IN 46544

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 12,696

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493193001341

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

Form 4562

See separate instructions.

Attach to your tax return.

Sequence No 67

Name(s) shown on return **Identifying number** Business or activity to which this form relates HOLIDAY RAMBLER RECREATIONAL VEHICLE CLUB 35-1115913 FORM 990 PAGE 10 Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. **1** Maximum amount. See the instructions for a higher limit for certain businesses 500.000 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter - 0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) **7** Listed property Enter the amount from line 29 f 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 431 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (q)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property **f** 20-year property g 25-year property S/L 27 5 yrs MMS/L **h** Residential rental property 27 5 yrs MM S/L 39 yrs ΜМ S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs ΜМ S/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 431 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		z+a, $z+b$, cc														
Section A—Depre	ciation a	<u>nd Other Ir</u>	<u>ıforma</u>	tion (C	aution	: See	the i	<u>nstru</u>	ctic	ons for I	imits i	for pa	sseng _'	<u>er au</u>	<u>tomot</u>	oiles. 🕽
24a Do you have evider	ice to support i	the business/inv	estment u	ise claimed	d? ┌Yes	Гио			24b	If "Yes,"	s the ev	dence	written?	$\Gamma_{Y\epsilon}$	ᇙᄃᇄ	0
(a) Type of property (list vehicles first)	(b) Date placed in service	in investment Cost of		d) Basis for depreciation (business/investment use only)			(f) Recove period	'	(g) Method/ Conventio		(h) Depreciation/ deduction			(i) Elected section 179 cost		
25Special depreciation allo	•		rty placed	ın service o	during the	tax year	and u	ısed m	ore t	han 25						
26 Property used more	than 50%	n a qualified l	business	use						· ·						
		%							Т					\Box		
		%												\perp		
37 Dramarty used EON		%														
27 Property used 50%	or less in a	quanned bus	mess us	e	1			l	S	/L -	Т			$\overline{}$		
		%							_	/L -				1		
		%							S	/L -				그		
28 Add amounts in co	olumn (h), lır	nes 25 throug	h 27 En	ter here a	and on Iir	ne 21,	page	1	•	28						
29 Add amounts in co	olumn (ı), lın	e 26 Enterhe	ere and c	n line 7,	page 1					•		29				
				—Infor												
Complete this section If you provided vehicles to														se vehic	les	
· ·					a)	T	b)			c)		1)	(e	_		f)
30 Total business/investment miles driven during the year (do not include commuting miles)			Vehi	Vehicle 1 Vehi		cle 2			` '		hicle 4 Veh		-		cle 6	
31 Total commuting r	miles driven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles (driven													
33 Total miles driven during the year Add lines 30 through 32																
34 Was the vehicle a		ersonal use		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle us owner or related p		by a more th	an 5%													
36 Is another vehicle	available fo	r personal us	e? .													
Section Answer these question 5% owners or related	ns to determ	•	et an exc												not mo	re thar
37 Do you maintain a	written polic	y statement	that prob	nibits all	personal	use of	vehi	cles,	nclu	udıng cor	nmutın	g, by y	our	Y	es	No
employees? .						•	٠	•	•			•	•			
38 Do you maintain a employees? See the																
39 Do you treat all us	e of vehicles	s by employee	es as pei	sonal us	e? .											
40 Do you provide movehicles, and retain				oyees, ol	otain info	rmatio	n fror	m you	ren	nployees	about	the us	e of the	e 🗀		
41 Do you meet the re				• • automobi	e demor	• nstratio	n us	e? (Se	e ir	nstructio	ns)					
Note: If your answ	er to 37, 38	, 39, 40, or 4	1 is "Ye:	s," do not	t comple	te Sect	ion B	3 for t	ne c	overed v	ehicles	5				
Part VI Amo	rtization															
(a) (b) Date Description of costs amortization begins		(c) A mortizable			((d) Code		(e A morti	-		A mo	on for				
				amount					ction period percent					this ye		
42 A mortization of co	sts that beg	ıns durıng yo	ur 2010	tax year	(see inst	tructio	ns)			-						
43 A mortization of co	sts that beg	an before you	r 2010 t	ax year							43					
	_	-									—					

44 Total. Add amounts in column (f) See the instructions for where to report

44