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DLN: 93493242006022

Department of the Treasury

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)

OMB No 1545-0047

ntemal l	Revenue	Service	► The organization may have to use a copy	of this return to satisfy	state reporting	requirement	Inspection
A Fo	rthe 2	2011 ca	lendar year, or tax year beginning 01-01-2011	and ending 12-31-201	1		
3 Che	eck if ap	plicable	C Name of organization HOLIDAY RAMBLER RECREATIONAL VEHICLE CLUB IN	C		D Employer	identification number
Add	Iress cha	ange	Doing Business As			35-1115 E Telephone	
Nar	me char	nge	Duling Business As				
_ Init	ıal retur	m	Number and street (or P O box if mail is not delivere	ed to street address) Room/s	uite	(574) 29	
Ter	mınated	1	PO BOX 3028			G Gross rece	ıpts \$ 750,358
- Am	ended r	eturn	City or town, state or country, and ZIP + 4				
App	lication	pending	ELKHART, IN 46515				
			F Name and address of principal officer		H(a) Is the	ı ıs a group rei	turn for
			CHRISTINA CRIST 1561 BURGUNDY CT		affilia	tes?	ΓYes Γ No
			ELKHART,IN 46514		H(b) Are al	l affiliates inc	luded?
							ist (see instructions)
l lax	x-exem	pt status	501(c)(3) 🔽 501(c) (7) 🖪 (Insert no)	4947(a)(1) or 527	H(c) Grou	ıp exemption	number ►
W	ebsite	:► ww	W HRRVC ORG				
(Forn	n of org	anızatıon	Corporation Trust Association Other ►		L Year of fo	rmation 1964	M State of legal domicile IN
Pa	rt I	Sum	mary				
			scribe the organization's mission or most sigi			_	
e.	<u> </u>	O PROV	/IDE SOCIAL GET TOGETHERS TO FOSTER	R THE HOLIDAY RAMB	_ER PRODUCT		
taovemance							
₽ .	-						
5			is box if the organization discontinued its			1	. 1
			of voting members of the governing body (Part			⊢	8
<u> </u>			of independent voting members of the governing				8 5 2
ACUYIUES &			nber of individuals employed in calendar year			— —	5 2 5 0
3			nber of volunteers (estimate if necessary) . elated business revenue from Part VIII, colur			7	-
			ated business taxable income from Form 990	,		7	
	<u> </u>			1,1111	Prio	r Year	Current Year
	8	Contril	outions and grants (Part VIII, line 1h)			179,978	
ĕ	9		m service revenue (Part VIII, line 2g)		344,206		
Revenue	10		ment income (Part VIII, column (A), lines 3,4			3,019	
Ë	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 80	c, 9c, 10c, and 11e)		24,50	2 31,453
	12		evenue—add lines 8 through 11 (must equal P		ne	FF1 701	520.250
	12		and complete provide the TV column (A			551,70	·
	13 14		and similar amounts paid (Part IX, column (A s paid to or for members (Part IX, column (A)			16,000	26,000
	15		s, other compensation, employee benefits (Pa				0
8	13	5-10)	s, caner compensation, employee belienes (re	(///,		92,732	64,320
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), li	ne 11e)		(0
និ	ь	Total fur	ndraising expenses (Part IX, column (D), line 25) ► 0				
_	17	Other	expenses (Part IX, column (A), lines 11a–11o	d,11f-24e)		513,008	438,882
	18		xpenses Add lines 13-17 (must equal Part I			621,740	· ·
A#4	19	Reven	ue less expenses Subtract line 18 from line 1	2		-70,03!	5 10,156
net Assets or Fund Balances						g of Current ear	End of Year
1 m	20	Totala	ssets (Part X, line 16)		<u>'</u>	597,902	2 571,430
2 B	21		abilities (Part X, line 26)			157,484	· · · · · · · · · · · · · · · · · · ·
Ē	22		sets or fund balances Subtract line 21 from li			440,418	· ·
Par	t II		ature Block				
nowl			erjury, I declare that I have examined this return, ; it is true, correct, and complete. Declaration of				
		****			20	12-08-22	
Sign	1	Signa	ture of officer			ate	
dere			STINA CRIST CFO				
		Type	or print name and title	<u>, </u>			
Paid		Preparer' signature		Date	Check if self-employed	Preparer's ta (see instruct P00598817	xpayer identification number ions)
	arer's		me (or yours KRUGGEL LAWTON & COMPANY LLC			EIN ▶ 35-13	307701
Jse (ווע	ıf self-en address,	and ZIP + 4 317 W FRANKLIN ST				

317 W FRANKLIN ST

ELKHART, IN 46516 May the IRS discuss this return with the preparer shown above? (see instructions) . .

Use Only

Phone no 🕨 (574) 264-2247

Form 990 (<u>'</u>
Part IV	Checklist of Required Schedules

			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	163	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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		No
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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? <i>If</i> "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		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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, Part II and IV	15		No
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, Part III and IV	16		No
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	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		No
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		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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		N o
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		No
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 questions 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? <i>If "Yes," complete Schedule L, Part III </i>	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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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		No
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</i> "Yes," complete Schedule R, Part I	33		No
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		N o
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		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		No
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	
		F	orm 990	(2011)

•		,
Part V	St	atements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 1			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
3	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			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ì	Did the organization have unrelated business gross income of \$1,000 or more during the			
_	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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 or securities account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country		103	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
_		5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
•	contract?	7e		
	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	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a 0			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club and facilities			
L	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI 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.

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

Se	ection A. Governing Body and Management			
			Yes	No
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		No
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 filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	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
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization	15b		No
	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶IN			
	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 made these available. Check all that apply
 - ☐ O wn website ☐ A nother's website ☑ U pon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 CHRISTINA CRIST CFO 1561 BURGUNDY CT

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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	•	ated or	ganız	atıo	ns c	omper	nsate	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) LEE CLEMENT	5 00	x	a.			<u> </u>		0	0	0
NATIONAL DIRECTOR (2) WANDA SMITH NATIONAL DIRECOTR	5 00	х						0	0	0
(3) SCOTT PARKHILL NATIONAL DIRECTOR	5 00	х						0	0	0
(4) LARRY WITT NATIONAL DIRECTOR	5 00	х						0	0	0
(5) JOHN POWELL PRESIDENT/NATIONAL DIRECTO	15 00			х				0	0	0
(6) RAY NICHOLS TREASURER/NATIONAL DIRECTO	15 00			х				0	0	0
(7) DOYLE MCMURRY SECRETARY/NATIONAL DIRECTOR	5 00			х				0	0	0
(8) TOM KNIGHT VP/NATIONAL DIRECTOR	15 00			х				0	0	0
(9) CHRISTINA CRIST MEMBERSHIP ADMINISTRATOR/CFO	40 00			х				41,733	0	0
(10) LINDA MORAN CHIEF OPERATING OFFICER	40 00			х				16,346	0	0

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

	(A) Name and Title	(B) A verage hours per week (describe hours hours (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							Repo compe fron organiza	D) rtable nsation n the ation (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of oth compensatio from the organization a		other ation he on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	o	relate rganiza	
												+		
1b	Sub-Total			<u> </u>	<u> </u>	<u> </u>		<u> </u> ►				1		
С С	Total from continuation sheets t					•		F						
d	Total (add lines 1b and 1c) .							F		58,079		0		0
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above) who	received	d more tha	ın	•		
													Yes	No No
3	Did the organization list any form on line 1a? <i>If "Yes," complete Sch</i>					ey e	mploy •	ee, o	rhighest	compens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization													
5	Did any person listed on line 1a									• • anızatıon d	or individual for	4		N o
	services rendered to the organiz		complet	e Sch	edul	e J f	or suct	n pers	son .		• [5		N o
	ection B. Independent Cont													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio												
	Nam	(A) ne and business add	dress							Desc	(B) ription of services		(C) Compens	
												_		
	Total number of independent conti \$100,000 of compensation from t			ot lin	nıte	l to	those	liste	d above)	who receiv	ved more than			

Part V		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a					
등등	ь	Membership dues 1b	150,479				
ಕಾರ್ಣ		·					
क्रुं हें	C	Fundraising events 1c					
<u>*5,≅</u>	d	Related organizations 1d					
હ Έ	e	Government grants (contributions) 1e					
등교	f	All other contributions, gifts, grants, and 1f	12,240				i
音を	-	sımılar amounts not ıncluded above					
운항	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$					
≂ ٽ	h	Total. Add lines 1a-1f	· · · •	162,719			
a)			Business Code				
Ž	2a	INCOME RALLIES	721210	164,420	164,420		
<u>\$</u>	ь	INCOME CARAVANS	721210	158,969	158,969		
<u>æ</u>				,			
2	C	INCOME ADVENTURES	721210	10,043	10,043		
er.	d	INCOME GETAWAYS	721210	7,627	7,627		
တ္	e						
<u>.</u>	f	All other program service revenue					
Program Serwce Revenue	'	Janus program service revenue					
Δ	g	Total. Add lines 2a-2f		341,059			
	3	Investment income (including dividence	ds, interest				
		and other similar amounts)	▶ [4,127		4,127	
	4	Income from investment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents (1) (1)	(II) I CISOIIII				
	_	Less rental					
	b	expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	<u> </u> ►				
		(ı) Securities	(II) Other				
	7a	Gross amount 211,000	(ii) o tile!				
	-	from sales of assets other					
		than inventory					
	ь	Less cost or 211,000 other basis and					
		sales expenses					
	c	Gain or (loss) 0					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising					
<u>e</u>		events (not including					
蒙		\$					
Š		of contributions reported on line 1c) See Part IV, line 18					
œ		a					
Other Revenue	ь	Less direct expenses b					
₹	c	Net income or (loss) from fundraising	events 🕨				
_	9a	ı					
	"	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	l c	Net income or (loss) from gaming activ	/ities ▶				
	10a	Gross sales of inventory, less					
		returns and allowances .					
		a	66				
	ь	Less cost of goods sold b	0				
	c	Net income or (loss) from sales of inve		66		66	
		Miscellaneous Revenue	Business Code				
	11a	RAMBLING ADVERTISING	511190	30,182	30,182		
	_		900099	1,205	1,205		
	Ь	MISC REVENUE	900099	1,205	1,205		
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		24 207			
			▶ [31,387			
	12	Total revenue. See Instructions	▶	539,358	372,446	4,193	0
				اودو دود د	2/2,440	4,193	ı

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

c	heck if Schedule O contains a response to any question in this Part IX	<u></u>		<u> </u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	26,000	26,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	58,079		58,079	
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,241		6,241	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	13,750		13,750	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other	13,294		13,294	
12	Advertising and promotion	3,750		3,750	
13	Office expenses	85,066	12,514	72,552	
14	Information technology	2,074		2,074	_
15	Royalties	·			
16	Occupancy	16,533		16,533	
17	Travel	72,804	62,446	10,358	_
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	·	
19	Conferences, conventions, and meetings	202,056	201,512	544	
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,404		1,404	
23	Insurance	21,342		21,342	
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	1,704		1,704	
b	DUES AND SUBSCRIPTIONS	970		970	
c	EVENT POST EXPENSE	765		765	-
d	FEDERAL INCOME TAX	381		381	
e	- EDELINIE INOCITE TAX	301		501	
f	All other expenses	2,989		2,989	
25	Total functional expenses. Add lines 1 through 24f	529,202	302,472	2,969	0
26	Joint costs. Check here ► ☐ If following	329,202	302,472	220,730	
20	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				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 67,384 89,840 1 395.394 341.232 2 2 3 3 2.955 7.806 4 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 R 9 17,146 9 20,199 Prepaid expenses and deferred charges 41.136 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 35,871 b Less accumulated depreciation 281 10c 5,265 114,742 107,088 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 15 597,902 16 16 571,430 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2,739 17 6,746 17 Accounts payable and accrued expenses 18 18 19 154,745 19 123,681 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 0 25 487 D 26 157,484 26 130,914 **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. 27 272,154 27 Unrestricted net assets 289,281 168.264 28 151,235 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 440.418 33 440.516 34 Total liabilities and net assets/fund balances 597.902 571,430 34

140		ule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must e	equal Part VIII, column (A), line 12)	1		ı	539,35
2	Total expenses (must	equal Part IX, column (A), line 25)	2			529,20
3	Revenue less expense	es Subtract line 2 from line 1	3			10,15
4	Net assets or fund ba	lances at beginning of year (must equal Part X, line 33, column (A))	4		4	440,41
5	Other changes in net	assets or fund balances (explain in Schedule O)	5			-10,05
6	Net assets or fund ba	lances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column • •	6		4	440,51
Par		tatements and Reporting dule O contains a response to any question in this Part XII				1
1					Yes	No
-		sed to prepare the Form 990				
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		Νo
c	audit, review, or comp	does the organization have a committee that assumes responsibility for oversight of follation of its financial statements and selection of an independent accountant? anged either its oversight process or selection process during the tax year, explain in the control of the co		2 c	Yes	
d		${f 2}$ b, check a box below to indicate whether the financial statements for the year were is consolidated basis, or both	ssued			
	Separate basis	Consolidated basis Both consolidated and separated basis		ļ		
3a	As a result of a federa Single Audit Act and (ll award, was the organization required to undergo an audit or audits as set forth in th OMB Circular A-133?	e	За		No
b		ization undergo the required audit or audits? If the organization did not undergo the r n why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Additional Data

Software ID:

Software Version:

EIN: 35-1115913

Name: HOLIDAY RAMBLER RECREATIONAL VEHICLE CLUB INC

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493242006022

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

ЮЦ	DAY RAMBLER RECREATIONAL VEHICLE CLUB INC			,		-
				1115913	<u> </u>	
'a	organizations Maintaining Donor Action organization answered "Yes" to Form 99		unds	or Accounts.	Complet	e if th
_	organization answered fes to form 99	(a) Donor advised funds		(b) Funds and ot	her accou	nts
	Total number at end of year	(a, b one) adviced (and		(2) :		
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor adv	rised	☐ Yes	Гм
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben	donor advisors in writing that grant funds			┌ Yes	□ No
	conferring impermissible private benefit	if the organization answored "Ves"	to For	2000 Dart IV) 140
Ц	Conservation Easements. Complete		to Fori	m 990, Part IV,	iine 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure) Preservation of a Preservation of a	certifie	ed historic structi		a
	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	ified conservation contribution in the forr	n of a c	onservation		
	,			Held at the E	nd of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	toric structure included in (a)	2c			
	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfethe taxable year ▶	erred, released, extinguished, or terminat	ed by t	he organızatıon d	uring	
	Number of states where property subject to conserva	ation easement is located 🛌				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds	g the periodic monitoring, inspection, har		f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	ments d	during the vear 🕨		
	Amount of expenses incurred in monitoring, inspecti	-				
	►\$	ng, and emoreing conservation casement	.s aann	ig the year		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of se	ction		┌ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia				
7	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures,	or Ot	her Similar A	ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statem for public exhibition, education or resear	rch in fu			÷,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	116, to report in its revenue statement public exhibition, education, or research	and bal		•	
	(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, histofollowing amounts required to be reported under SFA		for finar			
	Revenues included in Form 990, Part VIII, line 1			▶ \$		
	are mended in rolling by rail villy into			· +		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asur	<u>es, or Oth</u>	<u>er Sim</u>	<u>ilar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	lowing th	at are	a sıgnıfıcant	use of i	ts collectio	n	
а	Public exhibition		d	\sqcap	Loan or	excha	inge program	S			
b	Scholarly research		е	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y further	the or	ganızatıon's (exempt	purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							mılar	Г	Yes	┌ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organız	ation		Yes" to	Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	edıary	forc	ontributi	ons or	other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able			<u> </u>	A		
_							4-		Amo	unt	
C C	Beginning balance						10				
d	Additions during the year						1d	+			
e •	Distributions during the year						1e	+			
f	Ending balance						1f				
2a	Did the organization include an amount on Fo		e 21?	•					J	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV				1 1154						
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year)Prior						a) Four V	ears Back
1a	Beginning of year balance	(a)Curient rear	(0	JETIOI	Teal	(C) I WO	reals back (i)Tillee II	ears back (eji oui i	cars back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
q	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held :	as		I		l		<u> </u>		
a	Board designated or quasi-endowment										
b	Permanent endowment -										
c	Term endowment ►										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are held a	and ad	mınıstered fo	r the		Yes	No
	(i) unrelated organizations								. 3a(i)		
	(ii) related organizations								. 3a(ii)		
	If "Yes" to 3a(II), are the related organizatio	•							. 3b		<u> </u>
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X	, line 10).					
	Description of property				a) Cost or asıs (ınvest		(b)Cost or oth basis (other)		Accumulated epreciation	(d) E	3ook value
1a	Land										
b	Buildings		•								
C	Leasehold improvements										
d	Equipment					41,136			35,87	1	5,265
	Other	<u> </u>									
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B), line	10(c).)				►		5,265
								Se	chedule D (Form 9	90) 201:

	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		
Part VIII Investments—Program Related. See		<u> </u> 13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
		(b) Book value
(a) Descrip	tion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	(b) Book value
(a) Descrip	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	539,35
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	529,20
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,15
4	Net unrealized gains (losses) on investments	4	-10,05
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	-10,05
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Returi	
1	Total revenue, gains, and other support per audited financial statements	1	527,76
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	-10,05
3	Subtract line 2e from line 1	3	537,82
4	Amounts 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	1,53
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	539,35
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	
1	Total expenses and losses per audited financial statements	1 1	527,66
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
– a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	-1,53
3	Subtract line 2e from line 1	3	529,20
4	Amounts 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	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	529,20
	+ YTV Supplemental Information		

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

Supplemental Information

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

Identifier	Return Reference	Explanation
		PART XII LINE 4B AND PART XIII LINE 2D FOREIGN
		EXCHANGE CONVERSION
		PART X, LINE 2 THE 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 INCOME
		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 OF
		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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DLN: 93493242006022

OMB No 1545-0047

SCHEDULE F

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number

		organization		LID INC			Employer ident	ification number
HOL	IDAYR	AMBLER RECREATIONA	L VEHICLE CL	ORINC			35-1115913	
Pa	rt I	General Informatio "Yes" to Form 990, Pa			he United States.	Complete	e if the organiz	ation answered
1	assist	rantmakers. Does the tance, the grantees' eliquerants or assistance?	gibility for the	grants or assi	stance, and the selec	tion crite	rıa used to awa	
2		antmakers. Describe in Pa d States	art V the organi	zatıon's procedu	res for monitoring the us	se of gran	t funds outside th	ne
3	Actıvı	tes per Region (Use Part	V if additional s	pace is needed)			
		(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for region/investments in region
	NORT	H AMERICA	0	0	PROGRAM SERVICE	CARAVA 8/1/11)F DAY CAF BEGINN ELLSWO THAT TF CANADA THE PRO NEW BRU NOVA SE NEWFOL	ING IN RTH, MAINE RAVELS INTO A INCLUDING DVINCES OF JNSWICK, COTIA, AND JNDLAND IT ICLUDES A RIP TO	142,547
	Sub-to		0	0				142,547
b	ıotal	from continuation sheets	1	I	I	1		0

0

to Part I

142,547

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	[ত	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	া	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	া	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ন	Νo

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

I dentifier	ReturnReference	Explanation
Identifier METHOD USED TO ACCCOUNT FOR EXPENDITURES		Explanation SCHEDULE F, PART I, LINE 3 ACCRUAL

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493242006022 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		N.O.				Employer identificati	on number
HOLIDAY RAMBLER RECREATION	AL VEHICLE CLUBI	NC				35-1115913	
Part I General Information	on on Grants and	d Assistance				,	
Does the organization maintain the selection criteria used to a Describe in Part IV the organiz	ward the grants or as	sıstance?					▽ Yes ┌
Part II Grants and Other A Form 990, Part IV, lii Part IV and Schedule	ne 21 for any recip	ient that received r	rganizations in the nore than \$5,000. Ch needed	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(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 53 Enter total number of other org		=				-	

Part 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	13	26,000			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	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

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.

OMB No 1545-0047

2011

Open to Public Inspection

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

35-1115913

Identifier	Return	Explanation
	Reference	
	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
	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
	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
	FORM 990, PART VI, SECTION B, LINE 11	BEFORE FORM 990 IS FILED, CHRISTINA CRIST, CHIEF FINANCIAL OFFICER, REVIEWS FORM 990 AND ALL SUPPLEMENTARY SCHEDULES ONCE FORM 990 (PREPARED BY PAID PREPARER) IS PROVIDED TO HER VIA EMAIL THE RETURN IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS, ALSO VIA EMAIL
	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
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	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 CHRISTINA CRIST - 1561 BURGUNDY CT, ELKHART, IN 46514 LINDA MORAN - 58601 BEECH ROAD, MISHAWAKA, IN 46544 DOYLE MCMURRY - 2801 ABRAMSON LANE, CLINTON, OK 73601 SCOTT PARKHILL - 57 ELMWOOD PARK SOUTH, TONAWANDA , NY 14150
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -10,058

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493242006022

OMB No 1545-0172

Department of the Treasury

Form 4562

► Attach to your tax return.

Seauence No 179

See separate instructions. Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** HOLIDAY RAMBLER RECREATIONAL VEHICLE CLUB FORM 990 PAGE 10 35-1115913 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. 1 500,000 **1** Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) . . . 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 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012 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 **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 2011 127 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property 200 DB **b** 5-year property c 7-year property **d** 10-year property **e** 15-year property **f** 20-year property 25 yrs S/L g 25-year property 27 5 yrs ΜМ S/L **h** Residential rental property 27 5 yrs MMS/L 39 yrs ΜМ S/L i Nonresidential real property MMS/L Section C-Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c40-year ММ S/L 40 yrs **Summary** (see instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 1,404 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

Form 4562 (2011) Page 2 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. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? (c) (i) (e) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) deduction service basis period Convention use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -S/L -S/I -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (f) (a) (d) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 1 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Ouestions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the

vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (c) (d) (f) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2011 tax year (see instructions) 43 Amortization of costs that began before your 2011 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44