Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending

Open to Public Inspection

			, and the second of the second			
	В	Check If	C Name of organization		D Employer identifi	cation number
	_	7Addre:	HOLIDAY RAMBLER RECREATIONAL VEHICLE			
	F	chang Name	e Chub, inc.		25 11150	1.2
	느	_lchang	Doing business as		35-11159	
		_return ∏⊱ınal	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	_	_return/ termin		Ĺ	574-295-	305,676.
7.07		ated Amend	City or town, state or province, country, and ZIP or foreign postal code ELKHART, IN 46515		G Gross receipts \$	
7	\vdash	⊣return Applic			H(a) is this a group re for subordinates	
		Dendir Dendir	1561 BURGUNDY CT., ELKHART, IN 46514	7	H(b) Are all subordinates in	
ണ —	1 7	ax-exe	empt status.	or 527	→ ` `	list (see instructions)
<u>ි</u>			te: WWW.HRRVC.ORG)] 	H(c) Group exemption	•
			organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: IN
		irt I	Summary			
	a)	1	Briefly describe the organization's mission or most significant activities $[]{ m THE}$	MISSI	ON OF HOLIDA	Y RAMBLER
SCANN	Governance		RECREATIONAL VEHICLE CLUB IS TO PROVIDE	A COM	ON SOURCE F	OR
٦	ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	_
$\tilde{\mathcal{L}}$	ŏ	3 i	Number of voting members of the governing body (Part VI, line 1a)		3	8
-	ન્ઠ		Number of independent voting members of the governing body (Part VI, line 1b)		4	8
	ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	1
\tilde{a}	Activities	i	Total number of volunteers (estimate if necessary)		6	0
12	Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
20		b	Net unrelated business taxable income from Form 990-T, line 39		7b	
Z)		0 1	Contributions and grants (Bort VIII line 1b)	<u> </u>	Prior Year 60,444.	Current Year 53,379.
	Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	<u> </u>	142,475.	237,033.
`	, ve		Investment income (Part VIII, column (A), lines 3, 4, and 70	<u> </u>	2,990.	1,203.
ĸ	æ		Other revenue (Part VIII, column (A), lines 5, 4, and 7a	_	15,159.	14,061.
ģ			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		221,068.	305,676.
§ -			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,000.	17,500.
>			Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	. \vdash	59,953.	59,953.
<u>0</u>	Expenses	16a 1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
`	ğ	b -	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u> [
	ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		251,476.	304,137.
-		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		327,429.	381,590.
_			Revenue less expenses Subtract line 18 from line 12		-106,361.	-75,914.
.	t Assets or no Balances			Be	eginning of Current Year	End of Year
٠ [Ssel Bala	20	Total assets (Part X, line 16)	<u> </u>	418,010.	293,519.
3	Fund		Total liabilities (Part X, line 26)	-	108,518.	59,941. 233,578.
		22 irt	Net assets or fund balances Subtract line 21 from line 20 Signature Block		309,492.	233,370.
			Ities of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatem	ente and to the heet of my	knowledge and helief it is
		•	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowicage and belief, it is
-	,	1	g and complete. Declaration of property (contra mail of mostly is below of all minormation of wi	non propuro	nao any knowledge.	
9	Sıgr	,	Signature of officer	·	Date	
	-lere		CHRISTINA CRIST, CFO			
•			Type or print name and title		<u> </u>	
-			Print/Type preparer's name Preparer's signature	, ,	Date Check	PTIN
F	Paid		MARGENE ZINK Margen Jane	ا اد	06/03/20 11 self-employe	P01222961
F	Prep	L	Firm's name KRUGGEL, LAWTON & COMPANY, LLC		Firm's EIN	35-1307701
į	Jse	Only	Firm's address 317 W. FRANKLIN ST.			
_			ELKHART, IN 46516		Phone no. 57	4-264-2247
1	May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
9	3200	11 01-20	D-20 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2019)

	,, , , , , , , , , , , , , , , , , , , ,	112313	Page 2
Рa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	THE MISSION OF HOLIDAY RAMBLER RECREATIONAL VEHICLE CLUB IS '	ro provi	IDE
	A COMMON SOURCE FOR FELLOWSHIP, EDUCATION AND CAMPING AND TRA	AVEL	
	EXPERIENCES FOR OUR MEMBERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		[Va-	X No
	prior Form 990 or 990-EZ?	res	<u> </u>
_	If "Yes," describe these new services on Schedule O	,	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	LA_I No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	al expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$	233,1	L81.)
	PROVIDE RECREATION AND FELLOWSHIP FOR THE CLUB'S MEMBERS		
			
4b	(Code) (Expenses \$17,500 . including grants of \$17,500 .) (Revenue \$		00.)
	PROVIDE SCHOLARSHIPS TO STUDENTS WHO ARE RELATED TO CLUB MEMI	3ERS	
			·
		··-	
	No.		
4c	(Code) (Expenses \$)
			
			
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 233,827.		
_		Form 90	0 (2019)

Form 990 (2019) CLUB, INC.

Part IV Checklist of Required Schedules

35-1115913

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	l	ł	l
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	_2	ļ	Х
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		x
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? If "Yes," complete Schedule C, Part II	4	N/	Δ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4-	117	-
Ĭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,5
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		i	
a	Part VI	11a	х	
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		Х
С	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		X
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV	14b		х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	נייט		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
7	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		_X_
8	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		Х
9	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		Х
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		<u> </u>

Form 990 (2019) CLUB, INC.

Part IV Checklist of Required Schedules (continued) CLUB, INC.

Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 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	1		٠,,
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	i		!
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		$ _{\mathbf{x}}$
h	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	N/	A
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	N	<u>A</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		l	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31	\dashv	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
UL.	Schedule N, Part II	32	ŀ	Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	\longrightarrow	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	N/	Σ
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-1/	
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ł	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pái				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	-,	ŀ	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Forms W-2G included in line 1a Enter -0- if not applicable . Let be the number of Port -0- if not applicable . Let be the number of Port -0- if not applicable . Let be the number of Port -0- if not applicable . Let be the number of Port -0- if not applicable . Let be the number of Port -0- if not applic			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,		
933004	(gambling) winnings to prize winners?	1c	990 /	2019)
		1 (1111	(

Form 990 (2019) CLUB, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 35-1115913 Page 5

			Yes	No
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 2a 1	i	ł	ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). N/A	,		
а	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 7d			
е	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	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b 0 10b			
			İ	
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders N/A 11a	1	- 1	
a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
100	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 N/A 12b	120		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
ű	Note: See the instructions for additional information the organization must report on Schedule O	3,1		-
b	Enter the 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 amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form	990 ((2019)

Form 990 (2019)

CLUB, INC.

35-1115913

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

	Check if Schedule O contains a response or note to any line in this Part VI								
Sec	tion A. Governing Body and Management					т	,		
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		_8					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	ļ		J	•				
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8	•		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other						
	officer, director, trustee, or key employee?			J	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?		·		3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?		4		X		
5									
6	Did the organization have members or stockholders?			ı	6	X			
7a		anoint	one or	ŀ					
	more members of the governing body?	.,	0.10 0.	- 1	7a	Х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders or	ŀ	, u				
	persons other than the governing body?	i COOKI I	010013, 01		7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hv th	e following:	ŀ	10				
	The governing body?	ii by tii	c following.		8a	x			
a				ŀ	8b	X			
b	Each committee with authority to act on behalf of the governing body?	مممط	at the	ŀ	ວນ	- 11			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses on Schedule O	cnea	at the		9		х		
202	tion B. Policies (This Section B requests information about policies not required by the Internal Re	21/00/1	- Code I		9		.21		
000	tion B. Foncies (this Section B requests information about policies not required by the internal hi	SVEITU	e Code)			Van	Nia		
100	Did the exampleation have legal chanters, branches or efficience?			Г	100	Yes X	No		
	Did the organization have local chapters, branches, or affiliates?			ŀ	10a				
ь	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
110	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				40-		Х		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	 to oon	fluoto		12a				
b				ŀ	12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, a	escribe	ł	40	ł			
40	In Schedule O how this was done			ŀ	12c		X		
13	Did the organization have a written whistleblower policy?			- }	13_		$\frac{X}{X}$		
14	Did the organization have a written document retention and destruction policy?			-	14				
15	Did the process for determining compensation of the following persons include a review and approve		idependent	- 1					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						÷		
	The organization's CEO, Executive Director, or top management official				15a		X		
þ	Other officers or key employees of the organization			-	15b				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	/ith a	- 1		- 1	37		
	taxable entity during the year?			-	16a	-	<u>x</u> _		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's		- 1	ļ			
	exempt status with respect to such arrangements?				16b	l			
Sec	tion C. Disclosure				_				
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	0-⊤ (Section 501(c	:)(3):	s only) avaıla	able		
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain		-						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy,	and	l fınar	icial			
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	id records 🕨						
	CHRISTINA CRIST, CFO - 574-295-9800					_			
	1561 BURGUNDY CT., ELKHART, IN 46514								

<u>Fo</u> rm 990 (2019)	CLUB,	INC.				35-111	L5913	Page 7
Part VII	Compensation	of Office	ers, Directors,	Trustees,	Key Employees,	Highest (Compensated		
	Employees, an	d Indepe	endent Contrac	ctors					

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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.
- 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

 See instructions for the order in which to list the persons above

	Check this box if neither the organization nor any related organ					mpe	nsat						
(A)	(B)		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(C)					(D)	(E)	(F)
Name and title	Average	(do				than	one	Reportable	Reportable	Estimated			
	hours per week	offi				is bot or/trus	h an tee)	compensation from	compensation from related	amount of other			
	(list any	<u> </u>	ig					the	organizations	compensation			
	hours for	direc	١.			- e		organization	(W-2/1099-MISC)	from the			
	related	ee or	stee			nsate		(W-2/1099-MISC)	(, , , , , , , , , , , , , , , , , , ,	organization			
	organizations	Individual trustee or director	Institutional trustee	ľ	Key employee	Highest compensated employee				and related			
	below	Mdua	Itatio	Officer	뻍	hest	Former			organizations			
(1) KEN OTTO	5 • 0 0	멸	SE.	통	ě.	운동	호						
	3.00	x					١.,	0.	0.	0.			
DIRECTOR (2) LARRY ROBERTS	5.00	_			 				0.	0.			
DIRECTOR	3.00	x						0.	0.	0.			
(3) DOUG CHRESTENSON	5.00	^		<u> </u>	├—		-	· · · · · · · · · · · · · · · · · · ·	0.	0.			
DIRECTOR	3.00	X			ł			0.	0.	0.			
(4) JOY POUCHER	5.00	<u> </u>	H		\vdash			0.					
DIRECTOR	3.00	х						0.	0.	0.			
(5) BOB LARSEN	10.00	-			 								
TREASURER		x		х				0.	0.	0.			
(6) CARMINE GIZZI	5.00	 											
SECRETARY		х		х				0.	0.	0.			
(7) RAY HULTS	5.00												
VICE PRESIDENT		Х		X				0.	0.	0.			
(8) JAMES CARLETON	10.00												
PRESIDENT		Х		X				0.	0.	0.			
(9) CHRISTINA CRIST	40.00												
COO/CFO				Х		L		55,000.	0.	0.			
		ļ						:					
		\vdash											
			Н		.	Н	_						
							ľ						

			\vdash		_								
	L												

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B)			(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck) e than	one	Reportable	Reportable		Es	stımat	ed
		hours per week	box	, unte	ss pe	rson	is bot or/trus	h an	1	compensatio		an	nount	
		(list any	_	T	Ī			- '	from the	from related organization:		com	other pensa	
		hours for	direct		ĺ		, g		organization	(W-2/1099-MIS			om th	
		related	tee or	nstee			ensate		(W-2/1099-MISC)	,	′		anıza	
		organizations	al trus	na! tri		loyee	dwo _a						d rela	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	69 mer				orga	anızat	ions
			<u>.</u>	Ë	5	<u>\$</u>	± 5	8						
								İ						
				\vdash			╁┈							
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	<u> </u>	l — — — —	_											
					ı									
1b	Subtotal							<u> </u>	55,000.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	55,000.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable	е			_
	compensation from the organization	_ 												0
_										_	r		Yes	No
3	Did the organization list any former officer,		e, k	еу е	mpl	oye	e, or	hig	hest compensated emp	loyee on				x
4	line 1a? If "Yes," complete Schedule J for s					+		احدا	and anomalous from the	ba araaniaatian	ł	3		<u>-</u> -
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-						ne organization	ł	4		Χ̈́
5	Did any person listed on line 1a receive or a									dual for services	ŀ			
•	rendered to the organization? If "Yes," com									0001101		5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensa	ation f	rom	
	the organization Report compensation for	the calendar ye	ear e	endır	ng w	/ith e	or w	thir	the organization's tax y	ear				
	(A)				_			1	(B)	i	_	(C		
	Name and business	address	NC	NE	<u>:</u>			-+	Description of s	ervices		omper	nsatio	n ——
								1						
								-+						
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									· · · · · · · · · · · · · · · · · · ·			_		
2	Total number of independent contractors (i	ncluding but no	ot lır	nited	d to	_	-	ted	above) who received m	ore than		•		
	\$100,000 of compensation from the organization	zation 🕨				()				24 L	`	~ 1	* *-

Statement of Revenue

Form 990 (2019)

35-1115913

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Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b 47,143. b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 6,236 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 53,379. h Total. Add lines 1a-1f **Business Code** 2 a INCOME: CARAVANS 113,573. 113,573. 721210 Program Service Revenue 107,232. 107,232. INCOME: RALLIES 721210 INCOME: 721210 16,228. 16,228. ADVENTURES d е f All other program service revenue 237,033. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,203. 1,203. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents 6a b Less rental expenses 6b c Rental income or (loss) 6с d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 7a b Less, cost or other basis Other Revenue and sales expenses 7b 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 8a 8b b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 413. and allowances 10a 0. b Less cost of goods sold 413. 413. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a MISC. REVENUE 900099 7,250. 7,250. 511190 6,398. 6,398. RAMBLING ADVERTISING d All other revenue 13,648. e Total. Add lines 11a-11d 305,676. 250,681 0. 1,616. Total revenue. See instructions

35-1115913 Page 10

_	rt IX Statement of Functional Expens				
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	17,500.	17,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				·
5	Compensation of current officers, directors,				
	trustees, and key employees	55,000.		55,000.	
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				<u></u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4 050		4 052	
10	Payroll taxes	4,953.		4,953.	
11	Fees for services (nonemployees)	}		1	
	Management	421		421	<u></u>
	Legal	431.		10,490.	···
	Accounting	10,490.	·	10,490.	
	Lobbying	·	·	·	
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	15,970.		15,970.	
40	· • • • • • • • • • • • • • • • • • • •	3,190.	2,375.	815.	
12	Advertising and promotion Office expenses	31,806.	8,002.	23,804.	
13 14	Information technology	31,000.	0,002.	23,004.	
14 15	Royalties			·	
16	Occupancy	1,200.		1,200.	
17	Travel	36,571.	22,401.	14,170.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	183,549.	183,549.		
20	Interest	····			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	17,730.		17,730.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		,		
•	DUES AND SUBSCRIPTIONS	2,466.		2,466.	
a b	DONATIONS AND PROMOTION	397.		397.	
C	MISCELLANEOUS EXPENSE	337.		337.	
d					-
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	381,590.	233,827.	147,763.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	adjustional compaign and fundraiging colinitation				

ıf following SOP 98-2 (ASC 958-720)

Pärt X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 98,657. 49,853. 1 Cash - non-interest-bearing 241,249. 233,883. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 3,860. 235. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets Inventories for sale or use 8 11,347. 9,548. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 17,204. basis. Complete Part VI of Schedule D 10a 17,204. 0. b Less, accumulated depreciation 10h 10c 62,897. Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV. line 11 15 418,010. 293,519. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 428. 499. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 107,940. 59,442. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 150. 0. 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 D 25 108,518. 59,941. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, 241,577. 176,113. 27 Net assets without donor restrictions 27 67,915. 57,465. 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 309,492. 233,578. 32 32 Total net assets or fund balances

418,010.

Total liabilities and net assets/fund balances

	, Italian Italian Italian Valle Ville				
	n 990 (2019) CLUB, INC.	35-111	<u> 15913</u>	Pa	ge 12
Pä	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			76.
2	Total expenses (must equal Part IX, column (A), line 25)	2			90.
3	Revenue less expenses Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30	9,4	92.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	23	3,5	78.
Pã	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	-		<u> </u>
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	' '	**	ļ, ,
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule O		-	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	Act and OMB Circular A-133? .		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any stens taken to undergo such audits		3h		I

Form **990** (2019)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Inspection

HOLIDAY RAMBLER RECREATIONAL VEHICLE Name of the organization

CLUB, INC.

Employer identification number 35-1115913

Pã	Pärt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" on Form 990, Part IV, line	e 6							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds						
	are the organization's property, subject to the organization's	-	Yes No						
6	Did the organization inform all grantees, donors, and donor ad	-	used only						
	for charitable purposes and not for the benefit of the donor of								
	impermissible private benefit?	•	. Yes No						
Pá	t II Conservation Easements. Complete if the org	janization answered "Yes" on Form 990,	Part IV, line 7						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)							
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historically important land area						
	Protection of natural habitat	Preservation of	a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last						
	day of the tax year		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c						
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax						
	year ▶								
4	Number of states where property subject to conservation eas	sement is located >							
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing con-	servation easements during the year						
	<u> </u>								
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year						
_	> \$		6 VAVOV						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170							
_	and section 170(h)(4)(B)(ii)?		Yes L No						
9	In Part XIII, describe how the organization reports conservation	·							
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the						
Pář	organization's accounting for conservation easements t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets						
.,ui	Complete if the organization answered "Yes" on Form	-	iner Girmar Assets.						
12	If the organization elected, as permitted under FASB ASC 958		and halance sheet works						
ıa	of art, historical treasures, or other similar assets held for pub								
	service, provide in Part XIII the text of the footnote to its finan		·						
h	If the organization elected, as permitted under FASB ASC 958								
U	art, historical treasures, or other similar assets held for public	•							
	provide the following amounts relating to these items	exhibition, education, or research in full	lerance of public service,						
			L ¢						
	(i) Revenue included on Form 990, Part VIII, line 1	•	•						
2	(ii) Assets included in Form 990, Part X	nource or other similar assets for financia	S						
2	If the organization received or held works of art, historical trea		ı gairi, provide						
_	the following amounts required to be reported under FASB AS	SO 300 relating to these items	L &						
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		φ						
D	Assets included in Form 330, Fall A		₽ •						

	edule D (Form 990) 2019 CLUB, I			· -						Page 2
Pạ	rt III ' Organizations Maintaining C	Collections of A	rt, His	storical Tr	reasures,	or Othe	r Simil	ar Asse	ts(contini	ued)
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	ck any of the	following that	at make sı	gnificant	use of its	;	
	collection items (check all that apply)									
а	Public exhibition	•	•		hange progr	am				
b	Scholarly research	•	∍ ∐	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							ose in Par	t XIII.	
5	During the year, did the organization solicit of					er sımılar	assets		7	
	to be sold to raise funds rather than to be mi								<u>Yes</u>	L No
Pa	rt IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on	Form 990	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa				 .					
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets not i	ıncluded	_	٦	(TE)
	on Form 990, Part X? Yes X No									
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
t	Ending balance		04 (<u>1f</u> _		T.,	X No
	Did the organization include an amount on Fo						ty'7	L	」Yes	¥ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if									
T ai	Endowment runds. Complete		T .		(c) Two year	$\overline{}$		rears back	(a) Four	voare back
4	Danis of combalance	(a) Current year	(B) F	Prior_year	(C) TWO year	15 Dack	a) Tillee y	ears Dack	(e) roury	years back
la h	a Beginning of year balance Contributions									
0										
ن	Net investment earnings, gains, and losses Grants or scholarships									
a	d Grants or scholarships e Other expenditures for facilities									
e	e Other expenditures for facilities and programs									
4	and programs f Administrative expenses									
	·									
2	g End of year balance									
	a Board designated or quasi-endowment ► %									
	b Permanent endowment \bigs\text{%}									
ŭ	Term endowment ►% The percentages on lines 2a, 2b, and 2c should equal 100%									
За	The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by Yes No									
	(i) Unrelated organizations 3a(i)									
	(ii) Related organizations 3a(ii)									
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
4										
Pärt VI Land, Buildings, and Equipment.										
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10										
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value
		basis (investr	ment)	basis	(other)	depi	reciation	l		
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment			1	7,204.		17,20	04.		0.
e	Other .			l						
Total	. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	Oc)					0.

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019 CLUB, INC.		3!	5-1115913 Page
	Investments - Other Securities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b See Form 990, Part X, line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
_ (A)				
(B)				
(C)				
(D)				·
(E)		<u>,</u>		
(F)				
(G)				
(H)				
) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	, , ,
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" or		e 11c See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or en	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)			<u> </u>	
(6)		······································		
(7)				
(8)				
(9)) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		<u></u>	
-,4,1	Complete if the organization answered "Yes" o	n Form 990. Part IV line	11d See Form 990, Part X line 15	
-		escription	The content contract, and to	(b) Book value
(1)		<u> </u>		
(2)	· · · · · · · · · · · · · · · · · · ·	 		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line	15)		
Pärt X	Other Liabilities.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 2	
1	(a) Description of liability			(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(/)				1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

(8) (9)

THE INCOME TAXES TOPIC, FASB ASC 740, CLARIFIES THE ACCOUNTING FOR

BUSINESS INCOME FOR 2019 AND 2018, RESPECTIVELY.

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL

CLUB, INC. 35-1115913 Page 5 Schedule D (Form 990) 2019 Part XIII Supplemental Information (continued) STATEMENTS. ASC 740 REQUIRES AN ORGANIZATION 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 ORGANIZATION 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 ON 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. THE ORGANIZATION'S 2016 THROUGH 2018 FEDERAL AND STATE EXEMPT ORGANIZATION RETURNS AND UNRELATED BUSINESS INCOME TAX RETURNS REMAIN SUBJECT TO EXAMINATION BY THE IRS AND STATE TAXING AUTHORITY.

SCHEDULE I (Form 990) Oppartment of the Treasury Informal Revenue Service		Gov Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Attach to Form 990, Part IV, line 21 or 22 Per 100 March 19 Per 1990 (1990)	er Assistance to d Individuals in answered "Yes" on Fo ▶ Attach to Form 990	its and Other Assistance to Organizati nments, and Individuals in the United the organization answered "Yes" on Form 990, Part IV, II of the organization form 990.	izations, red States t IV, line 21 or 22		2019 2019 2019 30pen to Public
Name of the organization	HOLIDAY CLUB, IN	BLER REC	RAMBLER RECREATIONAL VEHICLE	VEHICLE				Employer identification number 35-1115913
Part General Inform	General Information on Grants and Assistance	Assistance						
Does the organizatio	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ubstantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	on X Yes No
Describe in Part IV th	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for monito	ung the use of grant	funds in the United	d States			
Ilit Grants and Of	Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	nestic Organiz	ations and Domestic	Governments. C	omplete if the orga	inization answered "Y	'es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	ss of organization ment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Enter total number of section 50	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1(c)(3) and government organizations listed in the line 1	ganizations listed in the	e line 1 table				
For Paperwork Re	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	se the instructi	ons for Form 990.					Schedule I (Form 990) (2019)

	HOLLDAL NATIONAL VENTORIAL VENTORIAL		
Schedule I (Form 990) (2019)	CLUB, INC.	35-1115913	Page 2
Part III Grants and Other Assis	stance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22		
Part III can be duplicate	ed if additional space is needed		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS PROVIDED TO COLLEGE STUDENTS		17,500.	0		
[Part IV] Supplemental Information Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	ie 2, Part III, column	(b), and any other a	ddtional information	
PART I, LINE 2:	i.				
STUDENTS ARE NOTIFIED THAT THE SCH	SCHOLARSHIP	HAS BEEN	AWARDED. S	SCHOLARSHIP	
PAYMENTS ARE MAILED DIRECTLY TO TH	THE EDUCAT	EDUCATIONAL INSTITUTION	ITUTION THE	E STUDENT IS	
ATTENDING. THE STUDENT ID NUMBER	OR SSN	IS INCLUDED ON	THE	CHECK PAYMENT.	
THE SCHOOL IS THEN RESPONSIBLE FOR	APPLYING	THE	SCHOLARSHIP PA	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	LOWS UP	WITH THE S	сноог то н	ELP CORRECT	
ANY ERRORS.					

Schedule I (Form 990) (2019)

932102 10-26-19

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Rúblic Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.
HOLIDAY RAMBLER RECREATIONAL VEHICLE CLUB, INC.

Employer identification number 35-1115913

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FELLOWSHIP, EDUCATION AND CAMPING AND TRAVEL EXPERIENCES FOR OUR
MEMBERS.
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 11B:
BEFORE FORM 990 IS FILED, CHRISTINA CRIST, CHIEF OPERATING OFFICER AND
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.

	HOLIDAY RAMBLEI	R RECREATIONAL	VEHICLE	Employer identification number 35-1115913
FORM 990, PART	VI, SECTION C	, LINE 19:		
			TS ARE PROVIDED	TO THE PUBLIC
				ES POSTAL SERVICE.
PAGE 12, PART	12 LINE 2C			
THE ORGANIZATI	ON HAS A COMMIT	TTEE TO OVERSE	E THE FINANCIAL	STATEMENT
PREPARATION PR	OCESS AND THE	SELECTION OF E	XTERNAL ACCOUNT	ANTS, THIS
PROCESS HAS NO	T CHANGED FROM	PRIOR YEARS.		
	225,225			
				