932001 01-20-20

(Rev January 2020) Department of the Treasury Internal Revenue Service Extended to November 16, 2020 294 93 | Return of Organization Exempt From Income Ta

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

and ending

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

Open to Public Inspection

<u>A</u>	For th	e 2019 calendar year, or tax year beginning and	ending		
В	Check if applicab	C Name of organization Mercedes-Benz Club of America, Inc.		D Employer identifi	cation number
Г	Addre	ss C			-
Ē	Name	Crown Botum		32-03599	39
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	ite E Telephone numbe	-	
Final 1907 Lelaray Street				719-633-	
	term: ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	664,408.	
	Amen	Colorado Springs, Co 80303		H(a) Is this a group re	
	Application	F Name and address of principal officer MIRE Regellification	for subordinates	= = =	
_	pendi	same as C above		H(b) Are all subordinates ii	ncluded? Yes X No
1	Tax-ex	empt status 501(c)(3) X 501(c) (7) (insert no.) 4947(a)(1)	or 🗘 5		list (see instructions)
		te: > www.mbca.org			n number ▶ 7236
		organization: X Corporation Trust Association Other	LY	ear of formation: 2010	M State of legal domicile: CO
P	art I	Summary		The few Money	odos Dona
ą.	1	Briefly describe the organization's mission or most significant activities Supp	ort C	KANSES CIV, MC	edes-Benz
Activities & Governance		Enthusiasts.			
E	2	Check this box If the organization discontinued its operations or dispose	sea of ma		sets I 19
Ž	3	Number of voting members of the governing body (Part VI, line 1a)		07.0% 80 dis 4	19
ء ح	4	Number of independent voting members of the governing body (Part VI, line 1b)	1		0
ë	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		8£4 <u>5</u>	
ž	6	Total number of volunteers (estimate if necessary)	asn	49K eived US Bank -	
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	NICA	Tes enueves lem 3/a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	· · ·		Current Year
		One the body and a search (Dark VIII I line 1 h)		Prior Year	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	- 1	778,564.	664,408.
	9	Program service revenue (Part VIII, line 2g)	}	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ŀ	0.	0.
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		778,564.	664,408.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	F	0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	<u> </u>	- 0.
X	1 . 0	Total fundraising expenses (Part IX, column (D), line 25)		750,534.	675,447.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		750,534.	675,447.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	}	28,030.	-11,039.
	19 7	Revenue less expenses Subtract line 18 from line 12		Beginning of Current Year	End of Year
ts or	20	Total accets (Part V. line 16)		881,780.	870,741.
Net Asset	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	ŀ	0.	0.
tet.	22	Net assets or fund balances Subtract line 21 from line 20	ŀ	881,780.	870,741.
	art II	Signature Block		00=7,000	
$\overline{}$		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and state	ements, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			, ,
	, 000	N M. C.		X 8-/2	4/20
Sig	ın	Signature of officer		Date	7,
He		Mike Regennitter, Executive Director			
	-	Type or print name and title)		
_		Print/Type preparer's name Preparer's sympature	/	Date Check	PTIN
Pai	d	Greg Papineau, CPA Greg Appinean	ZPA_	07/21/20 if self-emplor	P00294662
	parer	Firm's name BiggsKofford, P.C./	- 1- b		84-0884124
	Only	Firm's address 630 Southpointe Court, Sylite /200)		
	•	Colorado Springs, CO 80906		Phone no. 71	9.579.9090
Ma	v the !	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
022		1 HA For Panerwork Reduction Act Notice, see the separate instruction	ins.		Form 990 (2019)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990'(2019) Group Return 32-0359	939	Page Z
Pa	rt III Statement of Program Service Accomplishments		TT)
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission Mercedes-Benz Club of America, Inc. and its local sections were	forme	h.d
	to promote, facilitate, and serve the interest of past and prese		
	owners and enthusiasts of Mercedes-Benz motor cars (including		
	Cannstatt Daimler, Mercedes, and Benz cars manufactured prior to	thei	r
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		[Te]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex		
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe		d
	revenue, if any, for each program service reported	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
4a	CDC AAD	664,4	108.)
	MBCA Sections: In order to more effectively further its exempt	•	
	purpose, the Organization has established twelve different regio	ns	
	dolobb one ection to the contract of the contr	of	
	December 31, 2019 there were 85 active MBCA sections. 75 of the		
	sections have elected to have their activities reported on this	FOLM	
	990 pursuant to the group exemption rules.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			-
	· · · · · · · · · · · · · · · · · · ·	-	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$))
		_	
		–	
4d	Other program services (Describe on Schedule O)		
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 675,447.		
<u>4e</u>	Total program service expenses	Form 99	90 (2019)

Group Return

32-0359939

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Form **990** (2019)

Kai	Tivi 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	L	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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		
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_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		v
	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	_	:	v
	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?	_		х
	If "Yes," complete Schedule D, Part IV	9	\vdash	_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۱.,		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		х
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	112		
0	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
a	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			l <u>.</u> .
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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	<u> </u>	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٦,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
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	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19	\vdash	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		 ^-
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II		لـــا	

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			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 27 If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	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			
	Schedule J	23	X	<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
_	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		ļ	}
	any tax-exempt bonds?	24c	<u> </u>	\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├─
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		•
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234	 	-
	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		}
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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			
	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
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			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		Λ.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	,,			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	0040

	Mercedes-Benz Club of America, inc.			
	990 (2019) Group Return 32-0359	<u>939</u>	Р	age 5
<u> Par</u>	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
	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?	3a_		X
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		
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	ļ	X
b	If "Yes," enter the name of the foreign country			İ
	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		X
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 chantable 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	<u></u>	
7	Organizations that may receive deductible contributions under section 170(c).			ļ
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		ļ
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_	<u> </u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	_8_		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]0 .	l		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	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		'	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
14a	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		L
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	L	Х
	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			
		Forn	990	(2019)

Group Return

Form 990 (2019) 32-0359939 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 X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion 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	1a	19	_		ÌÌ	
	If there are material differences in voting rights among members of the governing body, or if the governing				1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		ŀ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with.	any other		l		
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3_		<u>X</u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assi	ets?		5	Х	Х	
6	-						
7a	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?						
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?						
8	B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а							
Ь	,						
9							
500	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		0-1-1	9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	140	
	If "Yes," did the organization have written policies and procedures governing the activities of such chi	anters	affiliates	100			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		,	10b	Х		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х		
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe				
	ın Schedule O how this was done			12c	Х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	X		
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					نــــا	
а	The organization's CEO, Executive Director, or top management official			15a	Х	-	
b	Other officers or key employees of the organization			15b		X	
	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 arrangem	ient w	ith a	16a	—	<u></u> _	
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e ite n	articipation	104			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of evaluation of the organization of the organiz						
	exempt status with respect to such arrangements?			16b	_		
Sec	tion C. Disclosure			,			
17	List the states with which a copy of this Form 990 is required to be filed None	,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-T (Section 501(c)(3)	s only)	avaıla	ble	
	for public inspection. Indicate how you made these available. Check all that apply		. , ,				
	X Own website Another's website X Upon request Other (explain	on So	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, coi		•	d financ	cial		
	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 boo	ks an	d records 🕨				
	Cindy Tumbleson - 800-637-2360	_					
	1907 Lelaray Street, Colorado Springs, CO 80909						

Form 990 (2019) Group Return 32-0359939 Page 7

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

Employees, and Independent Contractors

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

- 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 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 organize		orga T	nıza			nper	sat	1		
(A)	(B)			(C Pos	C) Ition			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week					s both r/trus		from	from related	other
	(list any	io						the	organizations	compensation
	hours for	gree			l	е В		organization	(W-2/1099-MISC)	from the
	related	ste o	rustee	ŀ		ensat		(W-2/1099-MISC)		organization
	organizations	a tr	and E		loyee	E a				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Brett Jurick	5.00		_		Ť			-		
REGIONAL DIRECTOR		X						0.	0.	0.
(2) MASOOD KAHN	5.00									
DIRECTOR AT LARGE		X						0.	0.	0.
(3) STEVE ROSS	5.00									
VICE PRESIDENT		X	<u> </u>	X				0.	0.	0.
(4) JAMES ROBERTS	5.00]								
DIRECTOR AT LARGE		X	L					0.	0.	_0.
(5) GENE JURICK	5.00]								
PRESIDENT		X						0.	0.	0.
(6) DREW WEBB	5.00									
REGIONAL DIRECTOR		X						0.	0.	0.
(7) Jeff Shindler	5.00				ŀ				_	_
REGIONAL DIRECTOR		Х		L			_	0.	0.	0.
(8) CLIFF REYLE	5.00	1						_		
SECRETARY		Х		X			_	0.	0.	0.
(9) BILL FISHER	5.00	1						<u> </u>	_	
REGIONAL DIRECTOR		Х						0.	0.	0.
(10) RICK SIEFERT	5.00							_		
REGIONAL DIRECTOR		X						0.	0.	0.
(11) HANK WEBB	5.00									
REGIONAL DIRECTOR		X	<u> </u>	Щ				0.	0.	0.
(12) ERNIE FANCY	5.00	l								
DIRECTOR AT LARGE		Х		X				0.	0.	0.
(13) JASON BURTON	5.00	l								_
REGIONAL DIRECTOR		Х						0.	0.	0.
(14) JULIE BRUGGNER	5.00	ł								_
TREASURER		X		Х				0.	0.	0.
(15) RODD MASTELLAR	5.00	ł						1		_
REGIONAL DIRECTOR		X	<u> </u>	Н		\vdash		0.	0.	0.
(16) BUD CLONINGER	5.00	١						_	_	_
REGIONAL DIRECTOR		Х		$\vdash\vdash$		\vdash		0.	0.	0.
(17) MICHAEL DAVISON	5.00	١								
REGIONAL DIRECTOR		Х			L			0.	0.	0.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2019) Group Return
Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A)	
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	.			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	<u></u>			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				1
	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	<u>_</u>			- -
10	Payroll taxes				
11	Fees for services (nonemployees)				
a	Management				· · · - ·
b	Legal				
C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17	· ·-			-
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses		· - ·		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 O.)				
а	MBCA Section Program Ex	675,447.	675,447.		· · · · · · · · · · · · · · · · · · ·
b			· -		· -
c		· · · · · · · · · · · · · · · · · · ·			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	675,447.	675,447.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				<u></u>

Form **990** (2019)

Group Return

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		881,780.	1	870,741.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
y)	7	Notes and loans receivable, net		7_		
Assets	8	Inventones for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a		ll_	
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1	1		12	· · ·
	13	Investments - program-related See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	ll line 33)	<u>88</u> 1,780.	16	870,741.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	art IV of Schedule D		21	
, l	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
iqe		controlled entity or family member of any of these	e persons		22	
∵	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X			
ļ		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow FASB ASC 958, chec	k here 🕨 🔲			
ş		and complete lines 27, 28, 32, and 33.				
ă l	27	Net assets without donor restrictions			27	
Ba	28	Net assets with donor restrictions			28	
9		Organizations that do not follow FASB ASC 95	8, check here 🕨 🗓		İ	
4		and complete lines 29 through 33.				
200	29	Capital stock or trust principal, or current funds		0.	29	0.
Set	30	Paid in or capital surplus, or land, building, or equ	upment fund	0.	30	0.
As	31	Retained earnings, endowment, accumulated inc	ome, or other funds	881,780.	31	870,741.
Net Assets or Fund Balances	32	Total net assets or fund balances		881,780.	32	870,741.
_	33	Total liabilities and net assets/fund balances		881,780.	33	870,741.

Mercedes-Benz Club of America, Inc. Group Return

Forn	n 990'(2019) Group Return	32-035	1939	Page 12			
Pa	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		<u>,408.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,447.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3		,039.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	881	<u>,780.</u>			
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	, ,						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			<u>'</u>	es No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis		ļ				
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 separate	basis,	1 1				
	consolidated basis, or both			1			
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audrt					
	Act and OMB Circular A-133?		3a	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form 9	90 (2019)			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

Name of the organization

Department of the Treasury

Internal Revenue Service

Mercedes-Benz Club of America, Inc. Group Return

Employer identification number 32-0359939

OMB No. 1545-0047

Open to Public

Inspection

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 43 a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a a The organization? 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2019

32-0359939

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		190 Chichard (C)	conference OSIM 0001 w/bar CW to amobilized (0)	a citation of	Pag tagasatag (9)		Total of actions	
		(b) Dieardowii oi	איב מווטיטו וטששיואוול	oc compensation	other deferred	(U) NUMBARADIE	(E) Total Of Columns (B)(A,(D)	(r) compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a).(i)(a)	reported as deferred on prior Form 990
(1) MIKE REGENNITTER	Ξ	0	0	0.	6,180.	23,154.	29,334.	0
EXECUTIVE DIRECTOR	<u> </u>	95,870.	25,000.	0.	0	0	120,870.	0
	(0)							
	(II)							
	(0)							
	(iii)							
	(i)							
	(ii)							
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Schedule J (Form 990) 2019

Mercedes-Benz Club of America, Inc. Group Return

Schedule J (Form 990) 2019

Page 3

32-0359939

Schedule J (Form 990) 2019 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. Part III | Supplemental Information

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Mercedes-Benz Club of America, Inc. Group Return

Employer identification number 32-0359939

OMB No 1545-0047

Open to Public

Form 990, Part III, Line 1, Description of Organization Mission: merger); to gather members together socially, either personally or by publication or correspondence to enhance members enjoyment of such cars; to represent the marque in contemporary motoring circles in the United States of America; to prepare, compile, and distribute data and information to its members and to the public interested in such motor cars as a hobby and to otherwise be a principal source of competitions, concours d'elegance, rallies, tours, motor shows, etc., in the field of amateur sport; and to compile records of all existing types of Mercedes-Benz in America all in furtherance of the hobby of the ownership and maintenance of the aforesaid motor cars, antique and modern, for pleasure and recreation. Form 990, Part VI, Section A, line 6: The Organization is a Club that has members. Form 990, Part VI, Section A, line 7a: There shall be elected from among the Active Members such number of Directors at Large as and to the extent established from time to time under the provisions of Article IV, Section 1 of the Bylaws. The Directors at Large shall be members of the National Board. Each Director at Large shall have the duties and obligations to the Club as set forth from time to time by the National President and the National Board. No Director at Large shall be a Section Officer but may be a Section Director.

Schedule O (Form 990 or 9	90-EZ) (2019)	Page 2
Name of the organization	Mercedes-Benz Club of America, Inc. Group Return	Employer identification number 32-0359939
Amendments to	the Organization's bylaws require approval h	oy members.
Form 990, Part	: VI, Section B, line 11b:	
The Form 990 i	s reviewed by the Executive Director of the	Organization
before filing.		
Form 990, Part	VI, Section B, Line 12c:	
Conflict of Ir	nterests agreements are sent in with nominati	on petitions. If
needed, the bo	pard and/or ethics committee would enforce co	ompliance or
discipline.		
Form 990, Part	VI, Section B, Line 15a:	
The Executive	Director's salary is reviewed and accepted b	y the Board of
Directors.		
Form 990, Part	: VI, Section C, Line 19:	
The organizati	on provides documents for public inspection	on their website
and upon reque	ests in writing.	
	<u> </u>	
		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▼ Attach to Form 990.

Open to Public Inspection 2019

OMB No 1545-0047

Employer identification number 32-0359939 Go to www.irs.gov/Form990 for instructions and the latest information. Club of America, Inc.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Mercedes-Benz Group Return

Name of the organization

Parti

Department of the Treasury Internal Revenue Service

Direct controlling entity Identrification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets **e** Total income E Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) controlled ŝ × × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 501(c)(3) 501(c)(7) T Legal domicile (state or foreign country) Colorado Colorado Educational Foundation Primary activity National Office Foundation - 84-1443874, 1907 Lelaray St., Mercedes-Benz Club of America Educational 36-2444070, 1907 Lelaray St., Colorado Mercedes Benz Club of America, Inc Name, address, and EIN of related organization Colorado Springs, CO 80909 Springs, CO 80909

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Group Return

Schedule R (Form 990) 2019

Page 2 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

32-0359939

(a)	(q)	(3)	(P)	(e)	(e)	(6)	(F)	(3)	(5)	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicila (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		0000	Yes No	K-1 (Form 1065)	Yes No	
							<u> </u>		_	
							_			
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	•									
									Ł	
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	:] 								

| Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

	Ξ	Section 12(b)(13)	entity?	No Si			\perp		_		\mid		-	
	£	Section 512(b)(13)	ownersnip	Yes	_		-	-						
	(6)	Share of	eng-or-year assets			-								
	(a)	Share of total	aucome											
	(e) `	Type of entity	or trust)											
	(o)	Direct controlling Type of entity SI	dinny.											
	<u></u>	Legal domicile	foreign	country)										
	(Q)	Primary activity												
מיני של איני של מיני של	(a)	Name, address, and EIN												

932162 09-10-19

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Mercedes-Benz Club of America, Inc. Schedule R (Form 990) 2019 Group Return

Page 3

32-0359939

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule					Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed ir	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		×
b Gift, grant, or capital contribution to related organization(s)				1 b		×
c Giff, grant, or capital contribution from related organization(s)				5		×
d Loans or loan quarantees to or for related organization(s)				19		×
				1 e		×
f Dividends from related organization(s)				=	<u> </u>	×
d Sale of assets to related organization(s)				5	r	×
				=	 	×
				Ę	_	×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=		X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£	×	
o Sharing of paid employees with related organization(s)				۶	×	
				2	+	
p Reimbursement paid to related organization(s) for expenses				9	<u> </u>	×
				5		×
					\dagger	:
				1	Ì	>
r Other transfer of cash or property to related organization(s)				= 4	1	٩Þ
				2		4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	s line, including covered re	elationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) Mercedes-Benz Club of America, Inc.	М	0.				
(2) Mercedes-Benz Club of America, Inc.	N	0.				
(3) Mercedes-Benz Club of America, Inc.	0	0.				
(5)						
(9)						
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Mercedes-Benz Club of America, Inc.

Group Return Schedule R (Form 990) 2019 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage Ownership						
(j) General or Financial or Partner?						
(h) (i) (ii) (k) Dispropor- Libration Code V-UBI General or Percentage amount in box 20 managing ownership res No (Form 1065) Yes No		:		,,		
(h) Disproportionate allocations?		_			_	
(9) Share of end-of·year assets						
(f) Share of total						
(e) Are all Are all Sol(c)(3) Orgs 7		,				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity of entity (b) (c) (c) (c) (c) (c) (c) (c)						

Schedule R (Form 990) 2019

Schedule R	(Form 990) 2019	Mercedes-Benz Club of America, Inc. Group Return	32-0359939	Page 5
Part VII	(Form 990) 2019 Supplemental Info	rmation	<u> </u>	
<u> </u>	Provide additional inform	nation for responses to questions on Schedule R See instructions		
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