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OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990. All other organizations with gross receipts less than \$500,000 and total assets
less than \$1.250,000 at the end of the year may use this form

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

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Open to Public Inspection

Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part .) 1	Description Comparison Co	Check is applicable Additines Address care Internation Amendment of the internation of							
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Termination Part	Termination permitted from Specific S	Termination members Park City or fown, state or country, and 2P + 4 TX 7873 F Group Exemption Number Numb		Name o		Number and street (or P.O. hox, if mail is not delivered to street address). Room/suite	E Teleph	none number	
### Section 501 (cyto from, sale or country, and 2P+4 TX 78731 F Group Exemption Augitation pending Desired Augitation pending Pagitation pending Pagitation pending Pagitation pending Pagitation pending Pagitation Pag	### Section STICK(S) organizations and 4947(2/T) nonexempt charitable trusts ### Section STICK(S) organizations and 4947(2/T) nonexempt charitable trusts ### Section STICK(S) organizations and 4947(2/T) nonexempt charitable trusts ### Website: ** N/A** Tax-exempt tablax (check only one) - X STIC (6) * (insert to) 4847(2/T) nonexempt charitable trusts ### Check ** If the organization is not a section 599(3)(3) supporting organization and its gross receipts are normally not more than \$25,000 4 From 599 C. or Form 599 (certain so not required). But if the organization chooses to life a feturin, be sure to file a complete return \$25,000 4 From 599 C. or Form 599 (certain so not required). But if the organization chooses to life a feturin, be sure to file a complete return \$25,000 4 From 599 C. or Form 599 (certain so not required). #### Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Torganization strong site of the sure trust in come so the sure trust in come so the sure trust in come so constructions and sales expenses of the sure trust in come so constructions and sales expenses of contributions. Strong sites of the sure trust in come so constructions and sales expenses of contributions or constructions or contributions or contributions or constructions or constructions or contributions or constructions or constr	**Section 501(X3) organizations and 4947(a)(1) nonexempt charitable trusts New Extent of Strick (X3) organizations and 4947(a)(1) nonexempt charitable trusts Website: N/A	니	Initial r	eturn type.		/21	IN 690-8	1361
**Section 501(c/3) organizations and 4947(a/t/) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Website: * N/A	**Section Stifc(X3) organizations and 4947(x)t) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 590-EZ). Website: **N/A	**Section \$51(c/x3) organizations and 4947(a/1) nonexempt charitable trusts must affacts a completed Schedule A (Form 990 or 990-E2). Website: **N/A	\dashv	Termin	ation Speci	City or town state or country, and ZIP + 4		00/ 000 0	7501
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16 Other expenses (describe > BANK FEES 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 31,159. 22 34,329.	16 Other expenses (describe ➤ BANK FEES	16 Other expenses (describe > BANK FEES	Ĕ	1			1	5	
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments	17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 27 Other difficult for the year (Subtract line 17 from line 9) 18 3,170. 19 31,159. 20 21 34,329. (A) Beginning of year (B) End of year	17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 24, 334, 334, 334, 334, 334, 334, 334,	3	16		scribe > BANK FEES UGUEN, UI) 1	6	2.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 24,329.	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year (Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe >) 25 Total assets 26 Total liabilities (describe >) 28 Other deficit) for the year (Subtract line 17 from line 9) 19 31,159. 20 21 34,329. (B) End of year (C) End of year (B) End of year (C) End of year (E) End of y	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments		1			▶ 1	7	28,360.
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figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990 EZ (See the instructions for Part II) Cash, savings, and investments [R) 31,159. [A) Beginning of year (B) End of year 31,159. [B) End of year 31,159. [Cash, Savings, and investments]	figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 20 21 34,329. 22 (A) Beginning of year (B) End of year 23 (A) Beginning of year (B) End of year 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 27 (A) Beginning of year (B) End of year 28 (B) End of year 29 (B) End of year 31,159. 21 34,329. 31,159. 22 34,329. 31,159. 25 34,329.	figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 20 and investments 22 Cash, savings, and investments	A	4			_		
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End	Ŧ F	20	•	, ,			
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 31,159. 22 34,329.	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 31,159. 22 34,329. 23 Land and buildings 0. 23 0. 24 Other assets (describe ►) 0. 24 0. 25 Total assets 31,159. 25 34,329. 26 Total liabilities (describe ►) 0. 26 0.	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year (B) End of year (C) End of year (C	Š	51					34,329.
(See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 31,159. 22 34,329.	(See the instructions for Part II) 22 Cash, savings, and investments 31,159. 22 34,329. 23 Land and buildings 0. 23 0. 24 Other assets (describe ►) 0. 24 0. 25 Total assets 31,159. 25 34,329. 26 Total liabilities (describe ►) 0. 26 0.	(See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 31,159. 22 34,3	P						
22 Cash, savings, and investments 31, 159. 22 34, 329.	22 Cash, savings, and investments 31,159. 22 34,329. 23 Land and buildings 0. 23 0. 24 Other assets (describe ►) 0. 24 0. 25 Total assets 31,159. 25 34,329. 26 Total liabilities (describe ►) 0. 26 0.	22 Cash, savings, and investments 31,159. 22 34,3			, = 3.400				
	23 Land and buildings 0. 23 0. 24 Other assets (describe ►) 0. 24 0. 25 Total assets 31,159. 25 34,329. 26 Total liabilities (describe ►) 0. 26 0.		22	2 Car	sh, savings, and	•		 	
23 Land and buildings	24 Other assets (describe ►) 0. 24 0. 25 Total assets 31,159. 25 34,329. 26 Total liabilities (describe ►) 0. 26 0.	23 Land and buildings			_				0.
	25 Total assets 31,159. 25 34,329. 26 Total liabilities (describe ►) 0. 26 0.				_			0.	
	26 Total liabilities (describe ►) 0. 26 0.								34,329.
	27 NEC 033613 OF MIND DAIGNOCES (NINE 27 OF COLUMN CD) MUSICOGNOC WICH NINE 21)								34,329.
2/ Net assets or fund balances (line 2/ of column (B) must agree with line 21)		BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ					<u> </u>		

Form 990-EZ (2009) CAMPING ASSO	CIATION FOR MUTUAL P	ROGRESS	30	-034	14342 Page 2
Part III Statement of Program	Service Accomplishment	s (See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose?	TRADE ASSOCIATION FO	OR CAMPS		(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Describe what was achieved in carrying or	t the organization's exempt purpo	oses. In a clear and con-	cise manner	orna	nizations and section
Describe what was achieved in carrying or describe the services provided, the number	r of persons benefited, or other re	elevant information for e	ach	4947	(a)(1) trusts, optional
program title				for o	thérs')
28					
	1				
(Capta \$	If the amount includes favore as	anta abaak bara	77	28 a	
(Grants \$	ir triis amount includes foreign gr	ants, check here		20 a	
29					
		 			
(Grants \$	If this amount includes foreign gr	ants check here		29 a	
30	<u></u>				
·					
		_			
	If this amount includes foreign gr	ants, check here		30 a	
31 Other program services (attach sche					
(Grants \$	If this amount includes foreign gr	ants, check here		31 a	
32 Total program service expenses (a	d lines 28a through 31a)		•	32	
	ors, Trustees, and Key Em	plovees. List each or	ne even if not com	nensa	ted (See the instrs.)
	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan	ns and	and other allowances
	to position		deferred compensa		
JAMES EASTLAND					
C/O CAMP MYSTIC, 2689 HWY	30 DEFCIDENT		ĺ		
		0.	1	ο.	
HUNT, TX 7802	4 1.00	0.		<u> </u>	
MICHELLE MAULDIN					
C/O CAMP OLYMPIA, 723 OLYMPIA	DR. VICE PRES.	ļ	1		
TRINITY TX 7586	2 1.00	0.		0.	
LAURA HODGES			-		
10310 QUAIL MEADOW	TREASURER				
	- -			^	
SAN ANTONIO, TX 7823	0 1.00	0.		0.	
COURTNEY HOFFMAN					
6107 MESA DR.	SECRETARY	ŀ			
AUSTIN, TX 7873	ī 25.00	27,887.		0.	
SCOTT FINESKE					
	30 VICE PRECIPENT				
C/O CAMP LA JUNTA, P O BOX				_	
HUNT TX 7802	4 1.00	0.		0.	
ASHLEY MACKENNA					
C/O CAMP LONGHORN, 1000 INDIAN SPRINGS	OAD VICE PRESIDENT	· ·	ľ		
BURNET TX 7861		0.		0.	
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<u>Pa</u>	<u>rt V</u>	Other Information (Note the state)	nent requirements in the instrs to	r Part V.)			
						Yes	No
33	Did eac	the organization engage in any activity not prev	riously reported to the IRS? If 'Yes,' attach	a detailed description of	33		x
34	Wer	e any changes made to the organizing or gover	ning documents? If 'Yes,' attach a conform	ned copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T						
	a Did repo	the organization have unrelated business gross orting, and proxy tax requirements?	income of \$1,000 or more or was it subje	ct to section 6033(e) notice,	35 a		х
	b If 'Y	es,' has it filed a tax return on Form 990-T for t	his year?		35 b		
36	Dıd yea	the organization undergo a liquidation, dissoluti r? If 'Yes,' complete applicable parts of Schedu	le N		36		_X
		er amount of political expenditures, direct or ind the organization file Form 1120-POL for this ye		37a 0.	37 b		X
38	a Did any	the organization borrow from, or make any loar such loans made in a prior year and still outsta	is to, any officer, director, trustee, or key ϵ inding at the end of the period covered by	employee or were this return?	38 a		х
	amo	es,' complete Schedule L, Part II and enter the bunt involved	total	38b			*
39	Sec	tion 501(c)(7) organizations Enter		*			
	a Initi	ation fees and capital contributions included on	line 9	39 a			
	b Gro	ss receipts, included on line 9, for public use of	club facilities	39 b			
40	a Sec	tion 501(c)(3) organizations Enter amount of ta	ix imposed on the organization during the	year under			
	sec	ion 4911 ►, section 49	12 ▷, section 495	55 ▶			
							-
	tran prio	tion 501(c)(3) and 501(c)(4) organizations. Did saction during the year or is it aware that it eng r year, and that the transaction has not been re s,' complete Schedule L, Part I	aged in an excess benefit transaction with	a disqualified person in a	40 b		
	c Sec mar	tion 501(c)(3) and 501(c)(4) organizations Ente nagers or disqualified persons during the year u	er amount of tax imposed on organization inder sections 4912, 4955, and 4958	D			
•		tion 501(c)(3) and 501(c)(4) organizations Ententence E	er amount of tax on line 40c reimbursed	>	-	، د	
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T						х
41	List	he states with which a copy of this return is filed >					
42	book	organization's sare in care of ► <u>LAURA HODGES</u> ed at ► 10310 QUAIL MEADOW	SAN ANTONIO	Telephone no ▷ (210)_ TX ZIP + 4 ▷ 78230		- <u>83</u> 6	1
FORMING W. TOOTO FORTH THENDON SHI WILLING IN + 4 - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
١	b 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)?					Yes	No X
		es,' enter the name of the foreign country	rik account, securities account, or other in	ianciai accounty	42b		
		_					
					il	1	
		he instructions for exceptions and filing requirements for Fo					
(c At a	ny time during the calendar year, did the organ	ization maintain an office outside of the U	S?	42 c		<u>X</u>
	If 'Y	es,' enter the name of the foreign country: ►	· · · · · · · · · · · · · · · · · · ·				
						_	
43		tion 4947(a)(1) nonexempt charitable trusts filin		eck here	i	> ∐	
	and	enter the amount of tax-exempt interest receive	ed or accrued during the tax year	► 43			
						Yes	No
44	Did of F	the organization maintain any donor advised fui orm 990-EZ	nds / It 'Yes,' Form 990 must be completed	d instead	44		<u>x</u> _
45	ls a Forr	ny related organization a controlled entity of the n 990 must be completed instead of Form 990-t	organization within the meaning of section	n 512(b)(13) ² If 'Yes,'	45		Х

(to - 1

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	(7(a)(1) nonexempt chari	xempt charitab table trusts mus	le trusts only. Alt answer questio	II secti ns 46-	on 49b	
	Did the organization engage in direct or indirect					es N	lo
	candidates for public office? If "Yes," complete s				46	_ _	
	Did the organization engage in lobbying activities		•		47	_	
	Is the organization a school as described in section Did the organization make any transfers to an ex				48 _ 49a		
	If "Yes," was the related organization a section 5				49b		
50	Complete this table for the organization's five his employees) who each received more than \$100,0	ghest compensated emplo	yees (other than o	officers, directors, t	rustees		key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) E	xpense unt and	
NONE							_
		<u> </u>					
							—
				 			
						-	
	Complete this table for the organization's five I \$100,000 of compensation from the organization			ors who each rece	eived m	ore th	nan
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Typ	pe of service	(c) Comp	ensatio	
NONE							
		· <u> </u>					—
d	Total number of other independent contractors of	each receiving over \$100,00	00▶				—
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules and sta ased on all information	atements, and to the bes of which preparer has a	t of my k any know	nowled ledge	ge
Sign Here	Jame Eastland			7/17/10			
	Signature of officer Sames Easthand -	President		Date			
 -	Type or print name and title		Chack if	Preparer's identifying nun	nher (See -	netriintini	ne)
Paid Prepare	Preparer's signature	Date 7/13/1	Check if self- employed ▶ ✓	P0081			
Use On	vours if self-employed) DEANN ALLEN CPA		E1I		057.0	47	
	address, and ZIP + 4 169 TIERRA VISTA DR	RIVE, KERRVILLE, TX 78028	, Ph		-257-38		—
iviay th	e IRS discuss this return with the preparer shown	above? See instructions	<u>· · · · · · · · · · · · · · · · · · · </u>		Yes	EZ (2	$\overline{}$