Return Organization Exempt From come Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

<u>A</u>	For the 2	017 calen	dar year, or tax year be	ginning		and ending					
В	Check if a	pplicable	C Name of organization	MUSTA	NG CAMP				D 6	Employer ide	ntification number
	Address c	hange	Doing business as						27	-43716	99
	Name cha	ne change Number and street (or P O box if mail is not delivered to street address) Room/suite					uite	E	Telephone nur	mber	
Ē	Initial retu	n	PO BOX 620						(5	05) 419	-9754
Ħ	Final return/t	erminated	City or town, state or	province, count	ry, and ZIP or foreign	postal code	<u> </u>				
Ħ	Amended		BLANCO, NM		,,	•			G	Gross receipts	s 77,370.
Application pending F Name and address of principal officer PATRICIA L. IRICK H(a) is this a group return for subord											
ш											= =
	J Tax-exempt status X 501(c)(3)										
	orm of org			Trust Ass	ociation Other >	L Yea	ar of form	nation Z)14	IM State o	f legal domicile NM
ľ		Summa									
		•	ribe the organization's r		-					<u>-</u>	
Activities & Governance			ientific pr								tion wild
nař			igs which ar								
νe	2 Ch	eck this t	oox 🕨 🔲 if the organiz	zation disconti	nued its operations	or disposed of mor	re than 2	25% of its	net asset	S	
Ô	3 Nu	mber of v	oting members of the g	governing body	y (Part VI, line 1a)					3	7
ಂಶ	4 Nu	mber of ı	ndependent voting men	nbers of the g	overning body (Par	t VI, line 1b)				4	6
ies	5 To	al numbe	er of individuals employ	ed in calendai	year 2017 (Part V	, line 2a)				5	0
₹	6 To	al numbe	er of volunteers (estima	te if necessar	y)					6	25
Ac	7a To	al unrela	ted business revenue f	rom Part VIII,	column (C), line 12	!				7a	0.
	b Ne	unrelate	ed business taxable inc	ome from Forr	n 990-T, line 34	DEOF	nn art	1	ก	7b	0.
						MEUL	: N*#E	Prior	Year		Current Year
	8 Co	ntribution	s and grants (Part VIII,	, line 1h)		E WA	·		12,99	2.	14,769.
힏			rvice revenue (Part VIII	· ·		I MAD 1	7 201		76,37		62,601.
Revenue	i	•	ncome (Part VIII, colur		. 4 and 7d)		~ 201	ارن ارن			
ě	1		ue (Part VIII, column (A	• • •		1e)		14			
	12 To	al reveni	e – add lines 8 through	1), iiiies 5, 60,	ial Part VIII, colum	D (A) (12)	<u> </u>		39,37	77	77,370.
_	13 Gr	ants and	similar amounts paid (F	Part IX colum	n (Δ) lines 1-3)	11-(/-t/),.11110 <u>=1</u> 2/2/2/2-5			<i>,,,,</i>	- +	
	l .		d to or for members (Page 1)				-				
			ner compensation, emp			1) Imaa E 10)	-	-	4,99	12	
es			•	•	•	4), lines 5-10)			4,33	<u>'</u>	
Expenses	1		I fundraising fees (Part	<u>-</u>	<u> </u>	2,708.	- 				
ă.			ising expenses (Part I)			2,708.			C1 10	<u> </u>	<u> </u>
ш		-	ises (Part IX, column (/	•	•		<u> </u>		$\frac{61}{6}$, $\frac{12}{12}$		68,792.
			ses Add lines 13-17 (n	•		ne 25)	-		66,11		68,792.
		venue les	s expenses Subtract I	ine 18 from lir	e 12				23,25		8,578.
Assets or d Balances			4m				Begi	nning of (Current \	Year	End of Year
sset	20 To		(Part X, line 16)				<u> </u>				38,464.
Net A	1		es (Part X, line 26)				-				2,505.
			or fund balances Subtr	ract line 21 fro	m line 20						35,959.
_			ure Block								
			iry, I declare that I have e								edge and belief, it is
tru	e, correct,	and comp	lete Declaration of prepa	rer (other than	officer) is based on a	II information of which	n prepare	er has any k	nowledge	_/_/	
	. ▶	Ha	Thick h	Nun						1/4/2	20/8
	gn	•	e of officer						Date-	/'()	, –
H	ere 🕨	PATE	RICIA B IRIO	CK, EXE	CUTIVE DI	RECTOR					
		Type or	print name and title								
Pa	aid	Prir	nt/Type preparer's name		Preparer's signature	9		Date	- T	Check I If	PTIN
Pi	reparer	1							}:	self-employed	
	se Only	Firm's i	name 🕨						Firm's E	EIN 🕨	
		•	address >						Phone i		
May	the IRS	discuss t	his return with the prep	arer shown ab	ove? (see instructi	ons)					Yes No
		<u> </u>									

Form **990** (2017)

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		27-43716	99 P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		155	140
'	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> -</u>	\vdash	
•	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		X
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)	1	l
	Part III	5		X
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		1	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		X
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 temporarily restricted			
	endowments, permanent endowments, or 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,			
	VII, VIII, IX, or X as applicable			. 1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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	_	X
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
ď	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	_	<u>X</u>
	_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	1	1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	111	<u> </u>	X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	}
	Schedule D, Parts XI and XII	12a	 	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1.0	{	۱ ,,
42	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	┼	X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a	 	X
	fundraising, business, investment, and program service activities outside the United States, or aggregate		Į.	ļ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	المما	.[
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	+	X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	y .
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1.3	+	<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<u>''</u>	+-	- ^ -
•	Part IX, column (A), lines 6 and 11e ⁹ If "Yes," complete Schedule G, Part I (see instructions)	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 ''	 	
	Part VIII lines to and 832 If "Ves" complete Schedule G. Part III	ا ا	1	

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

	oncomist of required constants (see misses)		$\neg \neg$	
		- }	Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		<u>x</u> _
b	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			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Ì	_X_
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	1	\mathbf{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_
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	1 1	1	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	·	_X _
b	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 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		
25 a	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		<u>x</u> _
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ł		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			*
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
c_	An entity of which a current-or-former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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	1		
	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 Schedule N,	1	[
	Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		Ì	
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		ļ	1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	}	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
20	Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			[
1044	19º Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
UYA		For	m 990	(2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V .				П
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	[1c	X	
2 a	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	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.			
3 a	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 in Schedule O]	3b		
4 a	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		_X_
b	If "Yes," enter the name of the foreign country				1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	}			
	(FBAR)	ļ			
5 a	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?	ĺ	5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1			
	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).				
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	_	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		
	required to file Form 8282?		7c	ļ	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_	7f	ļ.—.	X
—g-		l l	_7g_		_X_
8 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	,-0'	7h	 -	^
•	sponsoring organization have excess business holdings at any time during the year?		8	_	
9	Sponsoring organizations maintaining donor advised funds.	ŀ	0	_	
a	Did the sponsoring organization make any taxable distributions under section 4966?	- 1	9a		
b	Did the sponsonng organization make a distribution to a donor, donor advisor, or related person?	ŀ	9b	_	
10	Section 501(c)(7) organizations. Enter	1			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities] ,
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders				•
b	Gross income from other sources (Do not net amounts due or paid to other sources			1	
	against amounts due or received from them.)				ļ
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			<u> </u>	[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				L.
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	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		l	Ì	
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		1

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 in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

	X
	No
	1
	,
	x
	X
	X
	X
1	

Sect	on A. Governing Body and Management				
				Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a 7			
	If there are material differences in voting rights among members of the governing body, or				1
	If the governing body delegated broad authority to an executive committee or similar		İ		,
	committee, explain in Schedule O.		- [Į	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customanly performed by or under the direct				
	supervision of officers, directors, or 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 990 was fi	iled?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	-	5		X
6	Did the organization have members or stockholders?		6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1	
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)			
				Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		_		· ×
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers,-directors,-or-trustees, and key employees required to disclose annually interests that could give	nse to conflicts?	-12b	- X -	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
44	describe in Schedule O how this was done		12c	X	ļ
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>
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 by	_			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisio	n?			
	The organization's CEO, Executive Director, or top management official		15a	<u>X</u>	
D	Other officers or key employees of the organization		15b	X	
40 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1			
	with a taxable entity during the year? If "You " did the appropriate of the position of the p	•	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
Secti	organization's exempt status with respect to such arrangements?		16b		<u> </u>
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed NM Section 6104 requires an error action to make its Forms 1003 (or 1004 for the list).	5044 1/01			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section and 104 for public inspection, Indicate because made there are belong the formula in the control of the co	п 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website. X Another's website. X Upon request. Other (explain in Schedule O).				
19					
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of it	nterest policy, and			

State the name, address, and telephone number of the person who possesses the organization's books and records > (505) 419-2575

20

financial statements available to the public during the tax year

PATRICIA L. IRICK PO BOX 620 BLANCO, NM 87412

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 definintion of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (A) (B) (D) (E) (F) Position Name and Title Average (do not check more than one Reportable Reportable Estimated compensation compensation from amount of hours per box, unless person is both an reek (list an from related other officer and a director/trustee) hours for organizations compensation Individual trustee Institutional employee Highest compensated Key emptoyee (W-2/1099-MISC) organization related from the director rganizations (W-2/1099-MISC) organization below dotted and related line) organizations (1) ANNA RUDIGER 5 PRESIDENT X (2) CASANDRA LACITIGNOLA VICE PRESIDENT X (3) DONNA_RAMSDEN SECRETARY X (4) PATTY ROBINSON TREASURER X (5) DARYL GARDNER DIRECTOR X (6) PATRICIA IRICK 60 EXECUTIVE DIRECTOR X (7) JOHN IRICK 40 ADOPTION COORDINATOR X (8) (9) (10)(11)(12)(13)(14)

Name and title Average hours per week (list any) hours for related organizations below dotted Name and title Average hours per week (list any) hours for related organizations below dotted	(F) stimated mount of other ippensation or the janization direlated anizations	n J
related organizations below dotted line) (15) (16) (17) (18) (19)	rom the panization d related	n J
(15) (16) (17) (18) (19) (20)		
(17) (18) (19) (20)		
(18) (19) (20)		
(19)		
(19)		
(20)		
(22)		
(23)		
(24)		
(25)		
1b Sub-total		
cTotal_from_continuation_sheets_to_Part_VII,_Section_A dTotal (add lines 1b and 1c)		
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	Yes	s No
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	-	x
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		X
for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i> . Section B. Independent Contractors	<u>; </u>	<u> </u>
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year.	of ation's	
(A) (B)	(C) pensatio	on
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization▶		

Part VIII Statement of Revenue

		Check if Schedule O contai	ns a response or no	te to any line in thi	s Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512-514
9 0	1 1 2	Federated campaigns			 		revenue	Secuons 512-514
Contributions, Gifts, Grants and Other Similar Amounts	':	Membership dues	- <u>1a</u>		-			
و ق		-	1b		-			
fts.	'	Fundraising events	<u>1c</u>		4		İ	
<u> </u>	٩	Related organizations	1d		_			
ns,	e	Government grants (contribu		L	_		ļ	
ig ig	f	All other contributions, gifts,	grants,					
혈	1	and similar amounts not inclu	uded above . 1f	14,769.	j			
E P	l g	Noncash contributions include	led in lines 1a-1f \$		1			
<u>3 E</u>	h	Total. Add lines 1a-1f		•	14,769.			
				Business Code	1 - 1 / 00 .			
an a	2a	TAME, TRAIN, ADO	PTTON.	110000	48,268.	10 260		- +
چ		EDITOR MY ALL		110000		48,268.		
8				110000	14,333.	14,333.		
Program Service Revenue	C				<u> </u>			
Š	d		-					
Ē	e					<u> </u>		
ě	f	All other program service revi	enue	110000				
	g	Total. Add lines 2a-2f			62,601.			
	3	Investment income (including	dıvıdends, interest	,				
		and other similar amounts)		>				
	4	Income from investment of ta	ceeds					
	5	Royalties	,	•				
		•	(ı) Real	(II) Personal				
	6a	Gross rents	(1) 11041	(II) I CISOLIA				1 ' ,
	Ь]		
	1		 -		* _.		•	
	C					,		!
	_d	112112111211121112111211121112						
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
]	assets other than inventory					*	
	b	Less cost or other basis						۱ ,
		and sales expenses						!
	c	- Gain or (loss)						
	d	Net gain or (loss)		•				
es.								
Ž	8a	Gross income from fundraising	na i		,			
Š	ł	events (not including \$.5					ŧ
r Revenue		of contributions reported on lii	20.10)	İ				•
		See Part IV, line 18	le IC)					,
othe			a .		i	-		;
		Less direct expenses	þĮ					
		Net income or (loss) from fund						
	9a	Gross income from gaming ad	ctivities					
		See Part IV, line 19	a			1		*
		Less direct expenses	b			I		
	C	Net income or (loss) from game	ning activities	•				
	10 a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less cost of goods sold	b					į
		Net income or (loss) from sale						
- 1		Miscellaneous Revenue		Business Code				
ļ	11a			Business Code			-·- <u>-</u>	
			T I					
	b		··					
]	С.	All at						
		All other revenue	L					
		Total. Add lines 11a-11d		>				
	12	Total revenue. See instruction	ons		77,370.	62,601.		

Pa	rt IX Statement of Functional Expenses				
	on 501(c)(3) and 501(c)(4) organizations must complete all coll	umns All other organiza	ations must complete co	olumn (A)	
	Check if Schedule O contains a response or note to an				
	ot include amounts reported on lines 6b, 7b, 8b, 9b, 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		CAPCHISCO	general expenses	
•	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,		i	Į	
	lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees,				
	and key employees				_
6	Compensation not included above, to disqualified persons				
	(as defined under section 4958(f)(1)) and persons				
	described in section 4958(c)(3)(B)			1	
7	Other salanes and wages				
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees)				
а	Management .				
t	Legal				
c	Accounting				
C	Lobbying				
E	Professional fundraising services. See Part IV, line 17		,		
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
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			ļ- 	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e If line 24e amount				
	exceeds 10% of line 25, column (A) amount, list line 24e			ĺ	
	expenses on Schedule O)		05 100		
	EQUINE PROGRAM EXPENSE	35,439.	35,439.		
	WORKSHOP	2,886.	2,886.	 	
	FUND RAISING	2,709.		05.756	2,708
	OVERHEAD	27,758.		27,758.	
_	All other expenses	60 700	20 205	07 750	0.700
25	Total functional expenses. Add lines 1 through 24e	68,792.	38,325.	27,758.	2,708
26	Joint costs. Complete this line only if the organization	í		í í	

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Form 990 (2017) MUSTANG CAMP
Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in thi	ıs Part X				
_				•	(A)	$\dot{\Box}$	(B)
					Beginning of year		End of year
	1	Cash — non-interest-bearing .				1	13,965.
	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 current and former officers, director	ors, trust	ees, key employees,			
		and highest compensated employees Complete Part II of Schedule	L			5	-189.
	6	Loans and other receivables from other disqualified persons (as defin	ned unde	er			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and					
		employers and sponsoring organizations of section 501(c)(9) volunta	ary empl	oyees'		1	
w		beneficiary organizations (see instructions)		<u> </u>			
Assets		Complete Part II of Schedule L				6	
SS	7	Notes and loans receivable, net				7	
•	8	Inventones for sale or use				8	3,600.
	9	Prepaid expenses and deferred charges			-	9	
	10 a	Land, buildings, and equipment cost or				1 1	
		other basis Complete Part VI of Schedule D	10a	21,088.			
		Less accumulated depreciation	10b			10c	21,088.
	11	Investments — publicly traded securities		-		11	
	12	Investments — other securities See Part IV, line 11				12	
	13	Investments — program-related See Part IV, line 11			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		•		15	20 464
_	16 17	Total assets. Add lines 1 through 15 (must equal line 34)				16	38,464.
	18	Accounts payable and accrued expenses Grants payable				17	2,505.
	19	Deferred revenue				18	
	20	Tax-exempt bond liabilities			19 20		
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	`			21	
Liabilities	22	Loans and other payables to current and former officers, directors, tr		cev emnlovees		21	
ab		highest compensated employees, and disqualified persons Complet		·		22	
	23	Secured mortgages and notes payable to unrelated third parties		or concoure E		23	
	24_	_Unsecured notes and loans payable to unrelated third parties				-24-	
	25	Other liabilities (including federal income tax, payables to related third		, and other liabilities		 	
		not included on lines 17-24). Complete Part X of Schedule D			***************************************	25	
	26	Total liabilities. Add lines 17 through 25				26	2,505.
ces		Organizations that follow SFAS 117 (ASC 958), check here	X an	d complete lines 27			
n c		through 29, and lines 33 and 34.				<u> </u>	
ala	27	Urirestricted net assets				27	35,959.
or Fund Balan	28	Temporarily restricted net assets				28	
i i	29	Permanently restricted net assets	_	_		29	
3		Organizations that do not follow SFAS 117 (ASC 958), check he	ere 🕨 🗌	and complete	•		_
6		lines 30 through 34.					
ş	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		-		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds	;			32	
Net Assets	33	Total net assets or fund balances				33	<u>35,959.</u>
	34	Total liabilities and net assets/fund balances				34	38,464.

Form 9	90 (2017) MUSTANG CAMP	27-437	169	9 Pa	ge 12
Part	t 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>7,3</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	8,7	<u>92 .</u>
3	Revenue less expenses Subtract line 2 from line 1	3		8,5	<u>78.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		-		
	•	10		8,5	78.
Part	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 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		l	İ	١.,
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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				1 ;
ŀ	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 ba	isis, consolidated			
	basis, or both				۱ ۱
	Separate basis			ĺ	i i
(c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1	1	,
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	_	İ
	If the organization changed either its oversight process or selection process during the tax year, explain in				Ι.
	Schedule O				
3 2	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in]
•	the Single Audit Act and OMB Circular A-133?		3a		X
	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<u> </u>	T
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
LIYA				<u>. aar</u>	(2017)

,

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2017 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MUS	USTANG CAMP 27-4371699 27-4371699									
Pai	rt I	Reason for Public Chair	rity Status (All	organizations must	complet	te this pa	art.) See instructio	ns.		
The	orga	inization is not a private founda	tion because it i	s (For lines 1 through	n 12, che	ck only o	ne box.)	abla		
1		A church, convention of church	nes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	()		
2		A school described in section	170(b)(1)(A)(ii).	. (Attach Schedule E	(Form 99	0 or 990	-EZ).)	.		
3	$\overline{\Box}$	A hospital or a cooperative hos	spital service org	janization described ii	n section	170(b)(1)(A)(iii).			
4	\Box	A medical research organization	on operated in co	onjunction with a hosp	otal desc	nbed in s	ection 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and state						_		
5		An organization operated for th	ne benefit of a co	ollege or university ow	ned or or	perated b	y a governmental ui	nit described in		
	_	section 170(b)(1)(A)(iv). (Con	nplete Part II)							
6		A federal, state, or local govern	nment or govern	mental unit described	ın sectio	on 170(b)(1)(A)(v).			
7	X	An organization that normally i	receives a subst	antial part of its supp	ort from a	governn	nental unit or from t	he general public		
		described in section 170(b)(1)	(A)(vi). (Compl	ete Part II)						
8		A community trust described in	section 170(b))(1)(A)(vi). (Complete	Part II.)					
9		An agricultural research organi	zation described	d in section 170(b)(1))(A)(ix) o	perated in	n conjunction with a	land-grant college		
		or university or a non-land-gra-	nt college of agr	iculture (see instruction	ons) Ente	er the nar	me, city, and state o	f the college or		
		university								
10	IJ _	An organization that normally receipts from activities related support from gross investment acquired by the organization at	tter June 30, 197	/5 See section 509 (a)(2). (Co	omplete F	Part III)	hip fees, and gross 33 1/3% of its businesses		
11	닏	An organization organized and	•	•	-					
12	Ш	An organization organized and		•	•			• •		
		one or more publicly supported	_							
	_	the box in lines 12a through 12					-	· · · · · · · · · · · · · · · · · · ·		
а	L	Type I. A supporting organiz								
		the supported organization(s organization You must com			ct a majo	inty of the	e directors or trustee	es of the supporting		
b	_	Type II. A supporting organiz				•	•			
		control or management of the	· · · — —		e same p	ersons th	nat control or manag	ge the supported		
	_	organization(s) You must co								
c	-	_Type III functionally integra						ly integrated with,		
	-	its supported organization(s)								
d	L	Type III non-functionally in								
		that is not functionally integra						l an attentiveness		
	_	requirement (see instructions		-						
е	L	Check this box if the organization					*	II, Type III		
	_	functionally integrated, or Ty		onally integrated supp	porting or	ganızatıo	n.			
f		inter the number of supported of	-				•	<u></u>		
g		rovide the following information					 			
	(1)	Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				L	Yes	No				
(A)										
		 			<u></u>	<u></u>				
(B)										
(C)	_									
D)										
(E)										
	_									

Schedule A (Form 990 or 990-EZ) 2017 MUSTANG CAMP

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support				 _	 -	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		ļ				
	membership fees received (Do not			_			
	include any "unusual grants ").			2,489.	12,992.	14,313	29,794.
2	Tax revenues levied for the		ĺ				
	organization's benefit and either paid]	· '	Ì	
	to or expended on its behalf .			16,545.	53,779.	 _	70,324.
3	The value of services or facilities					1	
	furnished by a governmental unit to the		ļ	}		{	}
	organization without charge		<u> </u>				
4	Total. Add lines 1 through 3	' 		19,034.	66,771.	14,313	.100,118.
5	The portion of total contributions by		l				İ
	each person (other than a						Į.
	governmental unit or publicly	:					
	supported organization) included on			}			
	line 1 that exceeds 2% of the amount		Ì	1		Ī	
	shown on line 11, column (f)				\		100 110
6	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>		L	100,118.
	on B. Total Support	(-) 0040	U. 2044	T (-) 2045	(4) 2046	(-) 2017	(f) Tetal
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total 3.100,118.
7	Amounts from line 4		 	19,034.	66,771.	14,313	3.100,118.
8	Gross income from interest, dividends,		ļ		ļ	ļ	
	payments received on securities loans,			Į.	[į	
	rents, royalties, and income from similar		1				
•	Sources		 	 			
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on			1			
40	Other income Do not include gain or		 	 	 	 	
10	loss from the sale of capital assets				}		
	(Explain in Part VI)			11,200.	22,600.	{	33,800.
11	_Total-supportAdd-lines-7-through-10-			11,200.	22,000.	 	133,918.
12	Gross receipts from related activities, etc.		ions)	<u> </u>		12	
13	First five years. If the Form 990 is for th			third fourth	or fifth tax vea		on 501(c)(3)
	organization, check this box and stop he			z,,,			▶ □
Secti	on C. Computation of Public Suppo		ue				
14	Public support percentage for 2017 (line			11, column (f))	14	74.76%
15	Public support percentage from 2016 Sci				•	15	 %
16a	33 1/3 % support test-2017. If the organ		•	x on line 13, ar	nd line 14 is 33	1/3 % or mo	re, check this
	box and stop here. The organization qua						▶ 🗓
b	33 1/3 % support test-2016. If the organ				6a, and line 15	is 33 1/3 %	
	check this box and stop here. The organ						▶ □
17a	10%-facts-and-circumstances test-20	17. If the orga	nization did no	t check a box	on line 13, 16a	a, or 16b, and	d line 14 is
	10% or more, and if the organization me	_					
	Part VI how the organization meets the "I	acts-and-circu	ımstances" tes	t The organization	ation qualifies	as a publicly	supported
	organization						▶ □
b	10%-facts-and-circumstances test-20	16. If the orga	anization did n	ot check a box	on line 13, 16	a, 16b, or 17	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization n	neets the "fact	s-and-circums	tances" test. T	he organizatio	n qualifies a	s a publicly
	supported organization						▶ 🗆
18	Private foundation. If the organization of	ald not check a	a box on line 1	3, 16a, 16b, 17	7a, or 17b, che	eck this box a	and see
	instructions						

Part	Part III Support Schedule for Organizations Described in Section 509(a)(2)						
	(Complete only if you checked th	e box on line	10 of Part I	or if the orga	nization failed	d to qualify u	nder Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	1.)	
Secti	on A. Public Support	·					
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			-			
	received (Do not include any "unusual grants")			2,489.	12,992.		
2	Gross receipts from admissions, merchandise			-			
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose			11,200.	22,600		
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						<u> </u>
•	organization's benefit and either paid				/		
	to or expended on its behalf			16,545	53,779.		1
5	The value of services or facilities			10,313	33,773.	-,	
3	furnished by a governmental unit to the						
	organization without charge	1					
	Total. Add lines 1 through 5	 		/	 		
6	Amounts included on lines 1, 2, and 3			/			
/a	received from disqualified persons	1					
L	Amounts included on lines 2 and 3	<u> </u>					
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	1			l		l
С	Add lines 7a and 7b		<u>-</u>				
8	Public support. (Subtract line 7c from			*	3 7. *		
•	line 6)		* Å. *		<i>ŷ</i> *	, ., ,	
Secti	on B. Total Support	<u> </u>			<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	/ \-/	(3) = 5	(9/-0.50	3-7	\=/ <u></u>	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	-section-51-1-taxes)-from-businesses-		,				
	acquired after June 30, 1975	!					
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on			ľ		1	
12	Other income Do not include gain or						
	loss from the sale of capital assets	1	}	1	1	1	1
	(Explain in Part VI)	!					
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for th	e organization	's first, second	l, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C: Computation of Public Suppo						
15	Public support percentage for 2017 (line	8, column (f)	divided by lin	e 13, column	(f))	15	%
16	Public support percentage from 2016			15		16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2017				olumn (f))	17	%
18 /	Investment income percentage from 20					18	%
19a	33 1/3 % support test-2017. If the organ						
1	line 17 is not more than 331/3 %, check this						_
∮ b	33 1/3 % support test-2016. If the organ						
,i 	line 18 is not more than 331/3%, check this						
<i>⊾</i> 20	Private foundation. If the organization of	lid not check a	box on line 14	4, 19a, or 19b,	check this box	cand see instr	ructions 🕨 🔲

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

ecu	on A. An Supporting Organizations		V	NI-
4	Are all of the accompanies and accompanies are lessed by accompanies to the accompanies and accompanies		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain			
2	Did the organization have any supported organization that does not have an IRS determination of status	1		
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	to the contract of the contrac	,		
20	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(a)(4). (5) or (6)3 if "Ves." onewer	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20		
L	(b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	26		
_	organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
С	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	20		
4a		3c		
44	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
b		4a		
IJ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			[
	despite being controlled or supervised by or in connection with its supported organizations	4b	** * *	
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
c_	Substitutions onlyWas the substitution the result of an event-beyond the organization's control?	-5c-	_	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			Ì
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	· · · · · ·		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		<u> </u>	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		1	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10L		

Schedu	e A (Form 990 or 990-EZ) 2017 MUSTANG CAMP 27-43	110	<u> </u>	aye J
Part	V Supporting Organizations (continued)			NI-
	the following managed	$\overline{}$	Yes	NO_
11_	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
L	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
Jecui	on b. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	İ	_
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			İ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			8
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ļ	1	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	<u> </u>	
	supported organizations played in this regard	1	-	
		3	<u> </u>	<u> </u>
	ion E. Type III Functionally Integrated Supporting Organizations		4	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s)
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			4
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	/ (See	ırısırı	iction
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		1
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		1
	activities but for the organization's involvement	2b	-	
3	Parent of Supported Organizations Answer (a) and (b) below.	1	T	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b			T	
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
See instructions. All other Type III non-functionally integrated supporting or	gar	izations must complete S	ections A through E
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			1
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		*	Current Year
1 Adjusted net income for prior_year_(from_Section_A,_line_8,_Column_A)	_1_		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	ntegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)	3) Supporting Organ	nizations (continued)
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exionganizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	 _	
6	Other distributions (describe in Part VI) See instructions	<u>, </u>		
7	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·	·	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instr			
_ 3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			**************************************
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)	0	,	
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f		` .	
4	Distributions for 2017 from Section D, line 7 \$	*	*	
а	Applied to underdistributions of prior years	*		
b	Applied to 2017 distributable amount			
C	Remainder Subtract lines 4a and 4b from 4—		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			,
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7			
а	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to 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

Internal Revenue Service Employer identification number Name of the organization MUSTANG CAMP 27-4371699 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (duning year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day Held at the End of the Tax Year of the tax year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the penodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

▶ \$

27-43 r Similar Ass	71699 Page 2 ets (continued)
pose in Part XIII	
s to be sold to rais	se funds
orted an amo	unt on Form
ed	Yes No
Amour	nt
	
-	Yes No
Three years back	(e) Four years back
··-	
	3a(i) 3b
<u></u>	

	ILE D (Form 990) 2017 MUSTANG CA		A 4 100 :						Page Z
Part									inued)
3	Using the organization's acquisition, accessi	on, and other record	s, check an	y of the fol	lowing that ai	re a signif	ficant use of its co	dilection items	
	(check all that apply)			_					
а	Public exhibition		d	=	or exchange p	orograms			
b	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	dections and explain	how they f	urther the	organization's	exempt	purpose in Part X	III	
5	During the year, did the organization solicit of	r receive donations of	of art, histor	ical treasui	res, or other s	sımılar as	sets to be sold to	raise funds	_
	rather than to be maintained as part of the or	~	n?					Yes	No_
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	ngements. answered "Yes"	on Form	n 990, P	art IV, line	9, or r	eported an ar	nount on Fo	orm
1a	Is the organization an agent, trustee, custod	ian or other intermed	ary for con	tributions c	or other asset	s not incl	uded		
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	e				_	_
		•					Am	ount	
С	Beginning balance					1c			
d	Additions during the year .					1d			
e	Distributions during the year	•				1e			
f	Ending balance					15			
2a	Did the organization include an amount on F	orm 990 Part X line	21 for esc	row or cus	todial accour		>	Yes	No
b	If "Yes," explain the arrangement in Part XIII					_			H"
Part		Check here if the e.	Apianauon i	ias uceri p	TOVIDED DITT	art Aili			<u></u>
	Complete if the organization	answered "Yes"	on Forn	agn P	art IV line	10			
	- Complete ii tile organization	(a) Current year		nor year	(c) Two year		(d) Three years ba	ick (e) Four ye	are back
4	Dogument of year balance	(a) Culterit year	(0) (1	ioi yeai	(c) I wo yea	I'S Dack	(u) Timee years be	ick (e) rourye	ars back
1a	Beginning of year balance		-						
b	Contributions	_	<u> </u>		 				
С	Net investment earnings, gains, and				İ				
	losses				 				
d	Grants or scholarships				 				
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance				<u></u>				
2	Provide the estimated percentage of the curr	rent.year.end balance	e (line_1g,.c	olumn (a))	held as				
а	Board designated or quasi-endowment	.	_%						
b	Permanent endowment ▶%	•							
c	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c she	ould equal 100%							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e held and	administered	for the			
	organization by							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Sch	edule R?				3b	
4	Describe in Part XIII the intended uses of th	e organizaton's endo	wment fund	ds					
Par	VI Land, Buildings, and Equip	oment.							
	Complete if the organization	answered "Yes'	on Forn	n 990, P	art IV, line	e 11a. S	See Form 990	, Part X, Iin	e 10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	r other basis ther)	(c) /	Accumulated epreciation	(d) Book va	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment	2:	1,088.					21	,088.
е	Other								
Total.	Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, column	(B), line 10)c)	-	<u> </u>	21	,088.
UYA							Sc	hedule D (Form	

Part VII	Investments — Other Securities Complete if the organization answ		m 000 Port IV Jun	a 11h See Form	000 Part Y line 12
	(a) Description of security or category	eled tes on ron	(b) Book value		thod of valuation
	(a) Description of security or category (including name of security)		(b) Book value		nd-of-year market value
(1) Financial	denyatives				
` '	eld equity interests				
(4) (4)				1	
(A)					
(B)					
(C)					
(D)					
(E)					
(F)		·			
(G)			- 	<u> </u>	
(H)			<u></u>		
	nn (b) must equal Form 990, Part X, col (B) lii		<u> </u>	<u></u>	
Part VIII					
	Complete if the organization answ	ered "Yes" on Fori		e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	• • • • • • • • • • • • • • • • • • • •	thod of valuation
			<u> </u>	Cost or e	nd-of-year market value
<u>(1)</u>			ļ	ļ	
(2)				 	
(3)				 	
(4)			ļ		
<u>(5)</u>					
(6)			ļ		
(7)					
(8)				 	
(9)	nn (b) must equal Form 990, Part X, col (B) in	20 12 \ \	 		·
Part IX	Other Assets.	ne 13) •	<u> </u>	<u> </u>	
FaitiA	Complete if the organization answ	rered "Ves" on For	m 990 Part IV Ju	e 11d See Form	000 Part Y line 15
		Description	11 330, 1 alt 10, III	ie i iu. See i Oili	(b) Book value
(1)	(4)	, Bessingation			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					· · · · · · · · · · · · · · · · · · ·
(7)		·· ,·			
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) li	ne 15)		•	
Part X	Other Liabilities.				
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV, lır	ne 11e or 11f. See	Form 990, Part X,
	line 25				
1	(a) Description of liability	(b) Book value			
(1) Federa	I income taxes]		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
ı otal. (Colun	nn (b) must equal Form 990, Part X, col (B) li	ne 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Sched	ule D (Form 990) 2017 MUSTANG CAMP		27-4371699 Page 4
Par	XI Reconciliation of Revenue per Audited Financial Sta		
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	• •	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments	2a	
a	Donated services and use of facilities	2b	
b	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	•	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b .		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		. 5
Part		atements With Expens	es per Return.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments .	2b	
C	Other losses	. 2c	
d	Other (Describe in Part XIII)	2d	The state of the s
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1 .		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
C	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide		

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Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 MUSTANG CAMP	<u>27-4371699</u>	Page 5
Part XIII	Supplemental Information (continued)		
			
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Schedule D (Form 990) 2017

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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.

2017 Open to Public

OMB No 1545-0047

Internal Revenue Service		► Go to www.irs.gov/Form990 for the latest information.	Inspection		
Name of the organization			Employer identification number		
MUSTANG	CAMP		27-4371699		
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	- 				
					

Schedule O (Form 990 or 990-EZ) (2017)	Page 4
Name of the organization	Employer identification number
MUSTANG CAMP	27-4371699
Part VI Line 2	
Board Member John Irick is married to executive	director.
Part VI Line 11b	
Form 990 included in minutes of Board Meeting.	
Part VI Line 12c	
Board of directors monitors all transactions and	determines potential
Part VI Line 12c	
	eport on activities of org.
Part VI Line 15a or b	
Executive Director was authorized monthly salary	of \$ 2000.00. Due to lack
Part VI Line 15a or b	
of resources no remittance was made. All positi	ons volunteer.
Part VI Line 19	
Available on Mustangcamp.org website	
Part IX Line 24e	
OVERHEAD Total expenses - \$0 00 Program service expenses - \$0 00 Mgmt and general	expenses - \$0 00 Fundralsing expenses - \$0 00
	_
-	

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2017
Open To Public Inspection

Internal Revenue Service

Name of the organization

MUSTANG CAMP

Employer identification number

27-4371699

1 (1 (a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected?		
•		organization	(c) Description of transaction	Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

under section 4958

Senter the amount of tax, if any, on line 2, above, reimbursed by the organization

\$ \bigs\sum_{\text{ }} = \bigs\su

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	loan	fron	an to or n the zation?	principal amount	(f) Balance due	(g) In d	efault?	(h) App by bo- comm	ard or	(ı) Wr agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)			Ĺ.									
(4)												
(5)												
(6)			Γ									
(7)												
(8)												
(9)								1				
(10)												
Total					▶ \$							** i

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organı	(e) Shanng organizatio revenues	
OHN IRICK	BOARD MEMBER	3.000	RENT ON PROPERT		X	
OIIIV INICIN	DOING THE BER	3,000.	TON THOUBAL	_	 	
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Supplemental Information Provide additional information	n for responses to questions on	Schedule L (see in	structions)			
						
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