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Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning			6/	30/2009 , a	nd ending		12/31/2009						
G	Che	ck all t	hat apply	X Initial	return [71	nitial return of a for	rmer public cha	rity	/ Fina	l re	eturn	_
			.,,	=	nded return	Ī	Address change	· —	•	e change			
-u	se th	e IRS	Name of foundation			_=			_	Employer identification			-
	lab		CAMERON FAM	III Y FOUN	IDATION				l '	32-02			
C	Other	wise,				deliv	vered to street address)	Room/suite	B	Telephone number (see			-
	prii		2000 CLASSEN						ľ	(405) 5		•	
9	or ty	-	City or town, state, a						┟╴	If exemption application			5
See Specific City or town, state, and ZIP code Instructions. OKLAHOMA CITY			0	K	73106-6092		1. Foreign organizations			╡			
H Check type of organization. X Section 501(c)(3) ex						73100-0092 On	ł۲				J		
Ë	Sec	tion 49	947(a)(1) nonexer	npt charita	ble trust	Oth	ner taxable private	foundation		Foreign organizations check here and attach			٦
一									E	If private foundation state	ıs w	as terminated	_
•			t value of all asse om Part II, col (c),		J Accounting Other (s			h X Accrual	۔ ا	under section 507(b)(1)(•	_	L
		16)		n	(Part I, column	(d)	must be on cash bas	sis)	F If the foundation is in a 60-month to under section 507(b)(1)(B), check h			_	٦
Pa	rt I	Analy	ysis of Revenue	<u>_</u>			·····	<u> </u>	_	1		(d) Disbursements	=
	بيد		its in columns (b), (c), a	•		- 1	(a) Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net		for charitable	
			ounts in column (a) (se				books	ıncome		income N/A		purposes	
	1	Contak	outrons afte aroute of	to received (ottaab aabadula)	╁	0			N/A	_	(cash basis only)	7
	2		butions, gifts, grants, et	•	·	\vdash	0				-		\dashv
	3		st on savings and to	-		\vdash	0			0			4
	4		ends and interest fro			\vdash	0			0	-		-
		Gross		om secunde	3	\vdash	- 0			0			╣
			ental income or (loss	e)	0	\vdash			_	4	_		+
E	6 :		ain or (loss) from sa	·		\vdash	0						┪
ē	i		sales price for all asset		0	F					-		1
ě	7		al gain net income (\vdash	*			0 1		4	1
	8		nort-term capital gai		,	F	<u></u>				0		1
5	9		ne modifications			\vdash	······································				Ť		i
\mathbf{Z}	10 a		sales less returns and	allowances	i e	٦							Ť
ONNED Revenue	i		Cost of goods sold			ol I							i
\Box			profit or (loss) (atta		e)		0				0		Ť
2	11	Other	income (attach sch	edule)		Г	0			0	0		1
	12	Total.	Add lines 1 throug	<u>th</u> 11			0			0	0		٦
	13	Comp	ensation of officers	, directors/t	rusteesijetc	+	1 0				_		
j⁄, ⊜ ⊊ penses	14		employee salaries	л н н	ر ي بي ا						_		_
, -	15	Pensi	on plans, employee	benefits		Φ							_
談	16 8	a Legal	fees (attach schedu	.(le) IVUV	192010 .	8	0			0	0	(0
		Accou	inting fees (attach s	chedule)	1	釦	0			0	0	(0
Ě	(Other	professional fees (a	attach sched	dule)	\Box	. 0	-		0	0	(0
Administrative	17	Intere	st	-611.37.77		Ш							
is	18	Taxes	(attach schedule) (see ¡	page 14 of the	instructions)	L	0			0	0	(0
Ē	19	Depre	ciation (attach sche	edule) and d	epletion	L	0			_0	0		
Þ	20	Occup	-			L							_
Q	21		l, conferences, and	meetings		L							
and	22		ng and publications	•		\perp							_
ğ	23		expenses (attach s			\vdash	0			0	0		0
Operating	24		operating and adn	ninistrative	expenses.								
e L			nes 13 through 23			1	0	 		0	0		<u>0</u>
ğ	25		butions, gifts, grant			L	0						0
	-	Total e	expenses and disburs	ements. Add	lines 24 and 25	\perp	0			0	0	(0
	27	Subtra	act line 26 from line	12									,
			s of revenue over exp			L	0						
			vestment income	-		L				0			
	•	Adjus	ted net income (if	negative, er	nter -0-)						0	}	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2009)

Dэ	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year		
га ——	ш	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing	0	0	0		
	2	Savings and temporary cash investments	0	0	0		
	3	Accounts receivable 0					
		Less allowance for doubtful accounts	0	0	0		
	4	Pledges receivable ▶ 0					
		Less allowance for doubtful accounts	0	0	0		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 15 of the			•		
	_	instructions)	0	0	0		
40	7	Other notes and loans receivable (attach schedule)					
Assets		Less allowance for doubtful accounts	0	0	0		
SS	8	Inventories for sale or use					
⋖	9	Prepaid expenses and deferred charges .	0	0			
	1	Investments—U.S. and state government obligations (attach schedule) D. Investments—corporate stock (attach schedule)	0	0	0		
	i	· · · · · · · · · · · · · · · · · · ·	0	0	0		
	11	Investments—corporate bonds (attach schedule)	- 0		0		
	l ''	Investments—land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	0		0		
	12	Investments—mortgage loans	U	0			
	13	Investments—other (attach schedule)	0	0	0		
	14	Land, buildings, and equipment basis			<u>_</u>		
	'	Less accumulated depreciation (attach schedule)	0	0	0		
	15	Other assets (describe	0	0	0		
	16	Total assets (to be completed by all filers—see the			0		
	.	instructions Also, see page 1, item I)	ol	o	0		
	17	Accounts payable and accrued expenses			· Ø		
	18	Grants payable			***		
<u>ies</u>	19 Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0			
jab	21	Mortgages and other notes payable (attach schedule)	0	0	1		
	22	Other liabilities (describe)	0	0			
	23	Total liabilities (add lines 17 through 22)	0	0			
		Foundations that follow SFAS 117, check here					
ces		and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted					
<u>a</u>	25	Temporarily restricted			ļ		
ä	26	Permanently restricted					
nd		Foundations that do not follow SFAS 117, check here					
or Fund Balar		and complete lines 27 through 31.					
6	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
Assets	29	Retained earnings, accumulated income, endowment, or other funds		. 			
Ą	30	Total net assets or fund balances (see page 17 of the					
Net		instructions)	0	0			
Z	31	Total liabilities and net assets/fund balances (see page 17					
		of the instructions).	0	0			
	1 W	Analysis of Changes in Net Assets or Fund Balances		 			
1		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		_		
_		of-year figure reported on prior year's return)		1	0		
		amount from Part I, line 27a		. 2	0		
·							
4 Add lines 1, 2, and 3							
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, c		. 6	0		
9	ivial	not assets or faile balances at one of year (line 4 fillings line 5)—Falt II, C	Ciumin (D), mie 30	. [0]	0		

	ON FAMILY FOUNDATION			32	2-0286882 Page 3
Part IV , Capital Gains a	nd Losses for Tax on Inve	estment Inco			
	he kind(s) of property sold (e.g., real es use, or common stock, 200 shs. MLC C		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			D-Donation		
b					
c					-
d	-			···-····	
<u>e</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		In or (loss) (f) minus (g)
a (0		0	_	0
	0		o		0
С (0		0		0
d (0		0		0
е (0		0		0
Complete only for assets sho	wing gain in column (h) and owne	d by the foundati	on on 12/31/69	(I) Gains (Co	ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (ı) I (j), ıf any	col (k), but no	ot less than -0-) or from col (h))
a (0		0		0
b (0		0		0
С (0		0		0
d (0		0		0
е (0		0		0
2 Capital gain net income o		also enter in Pa , enter -0- in Pa		2	0
· -	n or (loss) as defined in sectio , line 8, column (c) (see pages	ns 1222(5) and	(6)		
instructions). If (loss), enter		s is and it of		3	^
	der Section 4940(e) for R	advacd Tax a	m Nat Immateur		0
If "Yes," the foundation does	the section 4942 tax on the dis not qualify under section 4940	(e) Do not com	plete this part		
 Enter the appropriate an 	nount in each column for each	year; see page	18 of the instruct	tions before makir	ng any entries
(a) Base penod years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ons Net value	(c) of noncharitable-use as	isets I	(d) stribution ratio divided by col. (c))
2008	"'' 			(60)	0 000000
2007					0.000000
2006					0.000000
2005					0.000000
2004					0.000000
	I .			· ····	0.00000
2 Total of line 1, column (d)				2	0.000000
	or the 5-year base period—di		alina 2 hv 5. ar hi		0.000000
	oundation has been in existent			′ 3	0.000000
the number of years the it	dindation has been in existent	ce ii iess tilali s	years		0.00000
4 Enter the net value of non	charitable-use assets for 2009	9 from Part X, I	ne 5	4	0
5 Multiply line 4 by line 3				5	0
6 Enter 1% of net investmen	nt income (1% of Part I, line 27	7b)		. 6	0
7 Add lines 5 and 6 .				7	0
8 Enter qualifying distribution	ns from Part XII, line 4			. 8	0
	ter than line 7, check the box	in Part VI, line	1b, and complete	that part using a 1	

Pa	If WEExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see p	age '	18 of th	e inst	ructi	ons)	
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1% of Part I, line 27b	1_			0		
	here \[\bigcirc \bi						
	of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0		
3	Add lines 1 and 2	3_			0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4					
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0		
6	Credits/Payments						
	a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 0						
	b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c 0						
	d Backup withholding erroneously withheld 6d						
7 Total credits and payments Add lines 6a through 6d							
8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			ō		
11		11			0		
Pa	rt VII-A Statements Regarding Activities						
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No	
	participate or intervene in any political campaign?			1a		Х	
1	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the						
	instructions for definition)?			1b		Х	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						
	C Did the foundation file Form 1120-POL for this year?			1c		Х	
(Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation \blacktriangleright \$ 0 (2) On foundation managers \blacktriangleright \$		0				
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
2	on foundation managers						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х	
3	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
ŭ	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х	
4 :	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X	
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х	
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions 						
_	that conflict with the state law remain in the governing instrument?			6	Х		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a	and Pa	art XV	7		X	
8	Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
	instructions) ► OK If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney						
'	·			8b	y		
9	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	•	•	100	X		
•	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27	12					
	If "Yes," complete Part XIV	,.		9		Х	
10	•			Ė	_	- •	
	their names and addresses .			10		Х	
						<u> </u>	

01111	990-PF (2009) CAMERON FAMILY FOUNDATION 32-028	6882	Р	age 5
Par	VII-A , Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	
	Website address ► N/A			
14	The books are in care of ► AMERICAN FIDELITY CORPORATION Telephone no ► (405) 523-5	456		
15	Located at ≥ 2000 CLASSEN CENTER OKLAHOMA CITY OK ZIP+4 ≥ 73106			
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A		•	• 🗆
Dag	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Га			14	•
1a	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
ıa	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			j
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations robbing on a current notice regarding disaster assistance check here.	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
С	that were not corrected before the first day of the tax year beginning in 2009?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	"		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2009?			
_	If "Yes," list the years 20 , 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions)	2b	N/A	ز
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	20	IN/A	
Ū	► 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)		NI/A	J
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	N/A	Х
ta b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	a		^
_	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

Forr	n 990-PF (2009) CAMERON FAMILY FOUND	ATION				32-	0286882	F	age 6
Pa	rt VII-B, Statements Regarding Activiti	es for Which Form	4720 May Be R	equired	(continued)				
5a	During the year did the foundation pay or incur any	amount to							
	(1) Carry on propaganda, or otherwise attempt to	o influence legislation (section 4945(e))?		Yes	XN	lo		
	(2) Influence the outcome of any specific public	•	955), or to carry						
	on, directly or indirectly, any voter registration	n drive? .			Yes	X N	io		
	(3) Provide a grant to an individual for travel, stu	dy, or other similar purp	ooses?		Yes	X	lo		
	(4) Provide a grant to an organization other than	a charitable, etc , orga	nization described		_	_			
	in section 509(a)(1), (2), or (3), or section 49-	40(d)(2)? (see page 22	of the instructions)		Yes	XN	lo		
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	•	• •		Yes	XN	ا ما		
h	If any answer is "Yes" to 5a(1)–(5), did any of the t	•		ne describ		<u>'' (2)</u>			
	Regulations section 53 4945 or in a current notice	•	•				5b	N/A	
	Organizations relying on a current notice regarding	•	, , ,	01 1/10 11/30	. dollons).		100	14// (
С	If the answer is "Yes" to question 5a(4), does the f								
_	tax because it maintained expenditure responsibilit	-		N/A	Yes	\square_{N}	lo		
	If "Yes," attach the statement required by Regulation	-	d)						
6a	Did the foundation, during the year, receive any fur	nds, directly or indirectly	, to pay			_	l		
	premiums on a personal benefit contract?								
b	Did the foundation, during the year, pay premiums	, directly or indirectly, o	n a personal benefit	contract?			6b		X
	If "Yes" to 6b, file Form 8870								
	At any time during the tax year, was the foundation				Yes	X N	lo		
_	If yes, did the foundation receive any proceeds or I						7b	N/A	
Р	art VIII Information About Officers,	Directors, Truste	es, Foundation	Manage	ers, Highly	Paid	Employ	ees,	
_	and Contractors		141						
	List all officers, directors, trustees, found	ation managers and				the ins	struction	is).	
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	emplo	Contributions to yee benefit plans erred compensati		(e) Expension		
SE	E STATEMENT 1								
									0
		.00	0			0			
				-					
		.00	0			0			0
		00	0			0			
									0
		00	0			0			0
		00	0	201 00	na naga 22 a	0 0	moternotic		
	Compensation of five highest-paid employ	00	0	ne 1—se	ee page 23 o	0 0	nstructio	ons).	0
		00 00 .00 yees (other than tho	0 0 se included on li		ee page 23 o	0 0 0 f the i	nstructio	ons).	0
	Compensation of five highest-paid employ	00 00 .00 yees (other than tho	0 0 ose included on li) (c	Contributions temployee benefit	0 0 0 f the i	(e) Expens	se acco	0 0 unt,
	Compensation of five highest-paid employ	00 00 .00 yees (other than tho	0 0 se included on li ge (c) Compensate) (c	d) Contributions t employee benefit lans and deferre	0 0 0 f the i		se acco	0 0 unt,
(a	Compensation of five highest-paid employ If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 00 .00 /ees (other than tho	0 0 se included on li ge (c) Compensate) (c	Contributions temployee benefit	0 0 0 f the i	(e) Expens	se acco	0 0 unt,
	Compensation of five highest-paid employ If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 00 .00 .00 .00 .00 .00 .00 .00 .00 .	0 0 se included on li ge (c) Compensate) (c	d) Contributions t employee benefit lans and deferre	0 0 0 f the i	(e) Expens	se acco	0 0 unt,
(a	Compensation of five highest-paid employ If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 00 .00 .00 .00 .00 .00 .00 .00 .00 .	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	on (c	d) Contributions t employee benefit lans and deferre	0 0 f the i	(e) Expens	se acco	0 0 unt, s
(a	Compensation of five highest-paid employ If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 00 00 00 cees (other than the hours per week devoted to position	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	on (c	d) Contributions t employee benefit lans and deferre	0 0 f the i	(e) Expens	se acco	0 0 unt, s
(a	Compensation of five highest-paid employ If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 00 00 00 cees (other than the hours per week devoted to position	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	on (c	d) Contributions t employee benefit lans and deferre	0 0 0 f the i	(e) Expens	se acco	0 0 unt, s
(a	Compensation of five highest-paid employ If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 00 00 00 00 00 00 00 00 00 00 00 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	on (c	d) Contributions t employee benefit lans and deferre	0 0 0 f the i	(e) Expens	se acco	0 0 unt, s
(a	Compensation of five highest-paid employ If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 00 00 00 00 00 00 00 00 00 00 00 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	d) Contributions t employee benefit lans and deferre	0 0 f the i	(e) Expens	se acco	0 0 unt, s
(a	Compensation of five highest-paid employ If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 00 00 00 00 00 00 00 00 00 00 00 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	d) Contributions t employee benefit lans and deferre	0 0 0 f the i	(e) Expens	se acco	O O unt, s
(a	Compensation of five highest-paid employ If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 00 .00 .00 .00 .00 .00 .00 .00 .00 .	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0	d) Contributions t employee benefit lans and deferre	0 0 f the i	(e) Expens	se acco	0 0 unt, s
NO.	Compensation of five highest-paid employ If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 00 .00 .00 .00 .00 .00 .00 .00 .00 .	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	d) Contributions t employee benefit lans and deferre	0 0 0 f the i	(e) Expens	se acco	0 0 unt, s

CAMERON TAMILIT FOUNDATION		32-0200002	raye 1
Part VIII Information About Officers, Directors, Trustees, F	oundation Managers, Highly Paid	d Employee	s,
and Contractors (continued)			
3 Five highest-paid independent contractors for professional services (see		r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comper	nsation
NONE			0
			0
			0
			0
			0
Total number of others receiving over \$50,000 for professional services		•	0
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant so the number of organizations and other beneficiaries served, conferences convened, research particularly.		Expens	es
1			
3			
4			0
Part IX-B Summary of Program-Related Investments (see page	24 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amour	nt
1			
All other program-related investments See page 24 of the instructions			

Total. Add lines 1 through 3

ightharpoons

0

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the

income Enter 1% of Part I, line 27b (see page 26 of the instructions)

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

3

0

0

0

0

3b

4

Form 9	990-PF (2009) CAMERON FAMILY FOUNDATION	i		32-0)286882 Page 9
Part	XIII Undistributed Income (see page 26 of	the instructions)			
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				0
2	Undistributed income, if any, as of the end of 2009.				
a	Enter amount for 2008 only		. –	0	
_	Total for prior years 20, 20		0		
3	Excess distributions carryover, if any, to 2009				
a	From 2004 . 0	'{			
D O		(
ا ا	From 2006 . 0	1			
u A	From 2008 0				
f	Total of lines 3a through e	1			
4	Qualifying distributions for 2009 from Part				
•	XII, line 4 \$ 0				
а	Applied to 2008, but not more than line 2a			0	
	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		0		
С	Treated as distributions out of corpus (Election		- J		,
	required—see page 26 of the instructions)	0		•	
d	Applied to 2009 distributable amount	:			0
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2009 .	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
	Prior years' undistributed income Subtract	,			` +
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed .				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions		0		
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page 27 of the				
	instructions			0	
f	Undistributed income for 2009 Subtract				
	lines 4d and 5 from line 1 This amount must				
_	be distributed in 2010			······································	0
7	Amounts treated as distributions out of			•	
	corpus to satisfy requirements imposed by			:	
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
_	the instructions) .				
8	Excess distributions carryover from 2004				
	not applied on line 5 or line 7 (see page 27 of the				
Ω	Instructions)	0			
9	Excess distributions carryover to 2010.				
10	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
a	Excess from 2005	1 1	-		
D		1			
C	Excess from 2007	1 1			
đ	Excess from 2008				
е	Excess from 2009 . 0	1			

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the		r Future Pay	ment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
NONE				
	:			
Total	1		▶ 3a	0
b Approved for future payment				
NONE				
NONE				
Total			. ► 3b	

Enter gross amounts unless otherwise indicated					
Linci gross amounts unicss officiwise mulcated	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program service revenue		0		0	the instructions)
a b		0		0	
		0		0	
d		0		0	
е		0		0	
f		0		0	C
g Fees and contracts from government agencies					
2 Membership dues and assessments .					
3 Interest on savings and temporary cash investments			!		
4 Dividends and interest from securities .					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events .					
10 Gross profit or (loss) from sales of inventory		0		0	0
11 Other revenue a		0		0	
b		0		0	
d		0		0	
e		0		0	
•					
		0	,	0	С
			•	13	C
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc		0		_	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc Part XVI-B Relationship of Activities to the Ac	complishment	of Exempt P	urposes	13	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom	complishment e is reported in coli	of Exempt Poumn (e) of Part X'	urposes VI-A contributed in	13	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom the accomplishment of the foundation's exempt page 28 of the instructions)	complishment e is reported in coli	of Exempt Poumn (e) of Part X'	urposes VI-A contributed in	13	
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12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom the accomplishment of the foundation's exempt page 28 of the instructions)	complishment e is reported in coli	of Exempt Poumn (e) of Part X'	urposes VI-A contributed in	13	
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12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom the accomplishment of the foundation's exempt page 28 of the instructions)	complishment e is reported in coli	of Exempt Poumn (e) of Part X'	urposes VI-A contributed in	13	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc Part XVI-B Relationship of Activities to the Ac Line No. Explain below how each activity for which incom the accomplishment of the foundation's exempt page 28 of the instructions)	complishment e is reported in coli	of Exempt Poumn (e) of Part X'	urposes VI-A contributed in	13	
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Pa	t XVII	Information Reg Exempt Organiz			ansactions a	and Re	lationships W	ith Nonchar		- 1 49	
1	in sect	e organization directly tion 501(c) of the Code	or indirectly e		_	•	•			Yes	No
	-	zations?							1		
а		ers from the reporting							4-/4)		
	` '	ash her assets							1a(1)		X
h	` '	transactions:							1a(2)		_X
		iles of assets to a non	charitable exi	empt organization					1b(1)		Х
		irchases of assets from							1b(2)		X
		ental of facilities, equip							1b(3)	$\vdash \lnot$	X
	(4) Re	eimbursement arrange	ements						1b(4)		Х
		ans or loan guarantee							1b(5)		X
		erformance of services							1b(6)		X
С	Sharin	g of facilities, equipme	ent, mailing lis	sts, other assets, c	or paid employe	ees			1c	<u> </u>	Х
	value i	answer to any of the all of the goods, other as in any transaction or s	sets, or service haring arrang	ces given by the re ement, show in co	porting founda lumn (d) the v	tion If the	he foundation re- he goods, other	ceived less that assets, or sen	n fair n	narket ceived	d
(a)	Line no	(b) Amount involved		of nonchantable exemp	t organization	(d) De	scription of transfers,	transactions, and s	hanng an	angem	ents
		0	N/A								
		0									
		0									
		0	 					· · · · · · · · · · · · · · · · · · ·			
		0									
		0									
		0									
		0									
		0				<u> </u>					
		0									
		0	1			-					
		0									
		0	 			<u> </u>					
		0	†			 					
22	Is the t	foundation directly or i	·	ated with or relate	ed to one or m	ore tay-	evemnt organiza	tions			
	descril	bed in section 501(c) o	of the Code (d						Yes X	No	
		(a) Name of organization		(b) Type	of organization		(c) Des	cription of relations	hip		
N/A						 -					
									~ =		
_	Unde	er penalties of perjury, I decla	re that I have exa	mined this return, include	ding accompanying	schedules	and statements, and	to the best of my	knowleda	e and	
4.		f, it is true, correct, and comp					on all information of		s any knov	wledge	
ere	Sig	nature of officer or trustee			Da	ate	Titl			<u></u>	
Ĭ				········	Date			Preparer's	identiforn	 1	
Sign Here	Paid Preparer's Use Only	Preparer's signature					Check if self-employed ▶	number (se	e Signati	ure on	
	Pre Us	Firm's name (or yours if					•	EIN ▶			
		self-employed), address, and ZIP code	*								
		and the toda						Phone no			

CAMERON FAMILY FOUNDATION FOR YEAR ENDED DECEMBER 31, 2009 ID# 32-0286882 FORM 990PF, PG 6, PART VIII, LINE 1

Statement 1

NAME AND ADDRESS	TITLE	AVG HRS PER WK	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION	EXPENSE ACCT OTHER ALLOWANCES
DAVID R LOPEZ 2000 CLASSEN CENTER, OKC, OK 73106	PRESIDENT/ DIRECTOR	0	0	0	0
ROBERT D BREARTON 2000 CLASSEN CENTER, OKC, OK 73106	EXEC VICE-PRES A TREASURERA DIRECTOR	0	0	0	0
STEPHEN P GARRETT 2000 CLASSEN CENTER, OKC, OK 73106	SECRETARY/ DIRECTOR	0	0	0	o
JO CAROL CAMERON 2000 CLASSEN CENTER, OKC, OK 73106	DIRECTOR	0	0	0	0
WILLIAM M CAMERON 2000 CLASSEN CENTER, OKC, OK 73106	BOARD CHAIRMAN DIRECTOR	0	0	0	0
WILLIAM E DURRETT 2000 CLASSEN CENTER, OKC, OK 73106	DIRECTOR	0	o	0	0
DAVID R CARPENTER 2000 CLASSEN CENTER, OKC, OK 73106	DIRECTOR	05	0	0	0

Form 8868

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2009)

If you are	e filing for an Automatic 3-Month Extension, complete only Part I and check this e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part	t II (on page 2 of t	his form).				
Part I	nplete Part II unless you have already been granted an automatic 3-month extension Automatic 3-Month Extension of Time. Only submit original (no copies in	on on a previously needed)	filed Form 8868.				
	on required to file Form 990-T and requesting an automatic 6-month extension—che	•	omplete ►				
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form	n 7004 to request	an extension of				
of the return electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-mont is noted below (6 months for a corporation required to file Form 990-T). However, you if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed Form or details on the electronic filing of this form, visit www.irs.gov/efile and click	ou cannot file Forr ms 990-BL, 6069, ed and signed pag	n 8868 or 8870, group ge 2 (Part II) of				
Type or	Name of Exempt Organization		entification number				
print	CAMERON FAMILY FOUNDATION	32-0286882					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions						
filing your	2000 CLASSEN CENTER City, town or post office, state, and ZIP code For a foreign address, see instructions						
return See instructions	OKLAHOMA CITY	ок	73106				
Check type	of return to be filed (file a separate application for each return):	7					
Form 99			Form 4720				
Form 99			Form 5227				
Form 99			Form 6069				
=			=				
X Form 99	00-PF		Form 8870				
Telephon If the orga If this is for the who	s are in the care of ► AMERICAN FIDELITY CORPORATION e No ► (405) 523-5372 FAX No ► (405) 523-5687 enization does not have an office or place of business in the United States, check the or a Group Return, enter the organization's four digit Group Exemption Number (GE ple group, check this box	nis box EN)	If this				
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2009 or ▶ tax year beginning , and ending							
	ax year is for less than 12 months, check reason Initial return Final ret		e in accounting period				
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative ta	x,					
	ny nonrefundable credits. See instructions	11.	3a \$				
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated	1					
	payments made. Include any prior year overpayment allowed as a credit. 3b \$						
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment							
	n). See instructions.	<u></u>	3c \$ 0				
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form						
or payment i							

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

(HTA)

Form 8868 (Re	<u>v 4-2009)</u>				age 2		
	a filing for an Additional (Not Automatic) 3-Month Extension, complete onl				X		
Note. Only	complete Part II if you have already been granted an automatic 3-month exten	sion on a pro	eviously filed Fo	rm 8868.			
	e filing for an Automatic 3-Month Extension, complete only Part I (on page						
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no	copies neede	d).			
Type or	pe or Name of Exempt Organization		Employer ident	fication num	ber		
print	nt CAMERON FAMILY FOUNDATION		32-0286882				
File by the extended			For IRS use only	,			
due date for 2000 CLASSEN CENTER							
filing the return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions				1		
instructions	OKLAHOMA CITY OK 73106			YANG T			
Check type	of return to be filed (File a separate application for each return):						
Form 99	Form 990 X Form 990-PF		Form 6069				
Form 9!	90-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720		Form	า 8870			
Form 990-EZ Form 990-T (trust other than above) Form 5227							
STOP! Do no	t complete Part II if you were not already granted an automatic 3-month extension	on a previou	usly filed Form 88	368.			
	s are in the care of AMERICAN FIDELITY CORPORATION	· · · · · · · · · · · · · · · · · · ·	·				
Telephone No. ► (405) 523-5456 FAX No. ► (405) 523-5687							
	anization does not have an office or place of business in the United States, ch		· · · · · · · · · · · · · · · · · · ·	🕨			
_	or a Group Return, enter the organization's four digit Group Exemption Number			. If this is	_		
	group, check this box			d attach a			
	names and EINs of all members the extension is for.	DOX		a andon a			
	est an additional 3-month extension of time until 11/15/2010						
	For calendar year 2009 , or other tax year beginning , and ending						
	tax year is for less than 12 months, check reason: Initial return Final		Change in acc	ounting perio	od.		
	in detail why you need the extension ADDITIONAL TIME IS NEEDED TO PR			• •			
RETURN							
114114	······································						
	•••••••••••••••••••••••••••••••••••••••	*****					
8 a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tental	tive tax,					
	ny nonrefundable credits. See instructions.		8a	\$			
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cr	edits and	1. 6				
estima	ted tax payments made Include any prior year overpayment allowed as a cre	dit and any	1-1° ;				
	nt paid previously with Form 8868.		8b	\$			
	e Due. Subtract line 8b from line 8a Include your payment with this form, or, if required						
FTD co	upon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See in	structions.	8c	\$	0		
	Signature and Verification						
	of perjury, I declare that I have examined this form, including accompanying schedules and statement and complete, and that I am authorized to prepare this form	ts, and to the be	st of my knowledge a	and belief,			
Set of the							
Signature ► EXECUTIVE VICE PRESIDENT Date ► 7/15/10							
Form 8868 (Rev 4-2009)							