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## Form 990-PF

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

20**10** 

For calendar year 2010, or tax year beginning , and ending G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change A Employer identification number Name of foundation CAMERON FAMILY FOUNDATION 32-0286882 B Telephone number (see page 10 of the instructions) Room/suite Number and street (or P O box number if mail is not delivered to street address) (405) 523-5008 2000 CLASSEN CENTER City or town, state, and ZIP code C If exemption application is pending, check here 73106-6092 OKLAHOMA CITY OK D 1. Foreign organizations, check here H Check type of organization X Section 501(c)(3) exempt private foundation 2. Foreign organizations meeting the 85% test, Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation check here and attach computation E If private foundation status was terminated J Accounting method: □ Cash X Accrual Fair market value of all assets at end under section 507(b)(1)(A), check here of year (from Part II, col (c), Other (specify) F If the foundation is in a 60-month termination line 16) ▶ \$ (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here 10,000 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes books the amounts in column (a) (see page 11 of the instructions) ) N/A (cash basis only) 10,000 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ If the foundation is not required to attach Sch B 0 0 3 Interest on savings and temporary cash investments O 0 0 0 4 Dividends and interest from securities 0 5 a Gross rents **b** Net rental income or (loss) 0 6 a Net gain or (loss) from sale of assets not on line 10 æ b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain 9 Income modifications PECEI

10 a Gross sales less returns and allowances b Less Cost of goods sold 0 28.50 c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 0 12 Total. Add lines 1 through 11 12 1 10,000 0 Compensation of officers, directors, trustees, etc. 13 14 Other employee salaries and wages Pension plans, employee benefits 16 a Legal fees (attach schedule) 0 0 0 0 0 0 b Accounting fees (attach schedule) **Administrative** 0 0 0 c Other professional fees (attach schedule) Interest 0 0 0 Taxes (attach schedule) (see page 14 of the instructions) 0 0 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 0 0 0 perating 24 Total operating and administrative expenses. Add lines 13 through 23 25 0 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 0 0 0 Subtract line 26 from line 12 10,000 a Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
	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	10,000	10,000
	2	Savings and temporary cash investments			
	3	Accounts receivable   0			
		Less <sup>-</sup> 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			0
	۱ ـ	instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)	· · · · · · · · · · · · · · · · · · ·		
Assets		Less allowance for doubtful accounts	0	0	0
SS	8	Inventories for sale or use .	<del></del>		
⋖	9	Prepaid expenses and deferred charges			
		Investments—U S and state government obligations (attach schedule)	0	0	0
	1	o Investments—corporate stock (attach schedule)	0	0	0
	1	Investments—corporate bonds (attach schedule)	0	- /%/	0
	11	Investments—land, buildings, and equipment basis			
	40	Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans		-	
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis			
	4.5	Less accumulated depreciation (attach schedule)	0	<u>0</u>	0
	15	Other assets (describe	U	U	<u> </u>
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	اه	10,000	10,000
	17	Accounts payable and accrued expenses		10,000	10,000
	18	Grants payable and accided expenses			
es	19	Deferred revenue			
≅	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
Liabilities	21	Mortgages and other notes payable (attach schedule)	0	0	, [
Ξ	22	Other liabilities (describe	0	0	
	23	Total liabilities (add lines 17 through 22)	0	9	
				<u> </u>	* ′
S		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
Jces	24				
	24	Unrestricted			,
32	25 26	Temporarily restricted			
ᅙ	20	Permanently restricted  Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Bala		and complete lines 27 through 31.		•	
Ţ	27	Capital stock, trust principal, or current funds .	o	10,000	
0	28	Paid-in or capital surplus, or land, bldg, and equipment fund		.0,000	ļ
ë	29	Retained earnings, accumulated income, endowment, or other funds			
SS	30	Total net assets or fund balances (see page 17 of the			
it A	••	instructions) .	. o	10,000	
ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	l o	10,000	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>	,,	
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		1
		of-year figure reported on prior year's return)		. 1	0
2		amount from Part I, line 27a .		. 2	10,000
		increases not included in line 2 (itemize)		3	0
		ines 1, 2, and 3		. 4	10,000
5		eases not included in line 2 (itemize)		5	0
6		net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	6	10,000	

Part	Capital Gains at	IU LOSSES IOI TAX OII IIIVE	Sunent inco	IIIE			
	(a) List and describe th	e kind(s) of property sold (e.g., real est se, or common stock, 200 shs MLC C	tate,	(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr )
1a							
b							
С							
d							
е				l			<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale			or (loss) ) minus (g)
<u>a</u>	0			0			0
<u>b</u> _	0			0			0
d d	0			0			0
e	0	9		0			0
	Complete only for assets show	ving gain in column (h) and owne	d by the foundate	on on 12/31/69	(I) C	Sains (Col	(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 (i)	col (	k), but not	less than -0-) or om col (h))
а	0	0		0			0
b	0			0			0
С	0			0			0
d	0			0			0
е	0		l -laa antan in Da	0			0
	Capital gain net income or	(net capital loss) { If (loss),	also enter in Pa , enter -0- in Pa	rt I, line 7	2		0
	• •	or (loss) as defined in section					
	-	line 8, column (c) (see pages	3 13 and 17 of	tne	_		0
Par	nstructions). If (loss), ente	der Section 4940(e) for Re	oduced Tay o	n Not Investm	ant Incom		0
	-	private foundations subject to					
Was		eave this part blank. he section 4942 tax on the dis ot qualify under section 4940			the base p	eriod?	Yes X No
1		ount in each column for each			tions before	making	g any entries.
	(a)	(b)		(c)			(d)
Cale	Base period years endar year (or tax year beginning i	Adjusted qualifying distribution	ons Net value	of nonchantable-use a	ssets		nbution ratio livided by col. (c))
<u> </u>	2009					1 1-1	0.000000
	2008						0.000000
	2007						0.000000
	2006						0 000000
	2005					1	0 000000
	Total of line 1, column (d)				2	ļ	0.000000
	•	or the 5-year base period—di undation has been in existend		-	3	<del>                                     </del>	0.000000
4 E	Enter the net value of none	charitable-use assets for 2010	) from Part X, Ii	ne 5	4	<del> </del>	1,642
5 N	Multiply line 4 by line 3 .				5	<u> </u>	0
6 E	Enter 1% of net investmen	t income (1% of Part I, line 27	7b)		. 6	-	0
7 <i>A</i>	Add lines 5 and 6				. 7		0
		ns from Part XII, line 4 ter than line 7, check the box			. 8	sing a 1	0 % tax rate. See
	he Part VI instructions on			,			

P	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—se	e p	age 1	18 of the	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	>	1			0	
	here ▶ 💢 and enter 1% of Part I, line 27b						
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	ノ					
	of Part I, line 12, col (b)						
2	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2			0	<u> </u>
3			3			0	<u> </u>
4			4	ļ			
5			5			0	
6	1 - 1				,		
	a 2010 estimated tax payments and 2009 overpayment credited to 2010  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						
	,						
			7			0	الثا
7 8			8			<del>- 0</del>	$\vdash$
9		•	9			<u>o</u>	_
ر 10	•	•	10				
11		d▶	11			0	
	Part VII-A Statements Regarding Activities			l			<u> </u>
					9%	Yes	No
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				40	163	
	participate or intervene in any political campaign?  In Did it accord more than \$100 during the year (either directly or indirectly) for political numbers (see page 19 of	tha			1a		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of	ıne			1b		х
	instructions for definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials.			•	10		<u> </u>
	published or distributed by the foundation in connection with the activities						<i>'</i> .
	c Did the foundation file Form 1120-POL for this year?				1c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						, <u>^</u>
	(1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers $\blacktriangleright$ \$			0			
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers ▶ \$ 0				,	4	
2					2		X
	If "Yes," attach a detailed description of the activities				*	٠	₩.
3							. €
	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
	b If "Yes," has it filed a tax return on Form 990-T for this year?				4b	N/A	
5	, , , , , , , , , , , , , , , , , , , ,				5		X
	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	X	
7		(c), ε	nd Pa	art XV	7		X
8	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
	Instructions) ► OK						
	b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney				OF	~	ļ
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .				8b	_X_	<del> </del>
9	9,7,7	a 27	13		<b> </b> -		
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on pag If "Yes," complete Part XIV	c 21	, ,		9		x
10			•		⊢—		<del>  ^-</del>
. 0	their names and addresses				10		x
	tron manifestation and addresses			•			. /\

Par	t 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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	42		<b>~</b>
42	August 17, 2008?	12	X	_X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
14	Website address ► N/A  The books are in care of ► AMERICAN FIDELITY CORPORATION Telephone no ► (405) 523-5	AEG		
14		450		
15	Located at ► 2000 CLASSEN CENTER OKLAHOMA CITY OK ZIP+4 ► 73106 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			
13	and enter the amount of tax-exempt interest received or accrued during the year	•		• ⊔
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	103	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter	<u></u>		$\frac{1}{1}$
	the name of the foreign country N/A			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Ι	Yes	No
1a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	<del>%</del> ,		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
		^	¥	3 -3
	(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)?	160	₩ 4	x 3
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1		3
	if the foundation agreed to make a grant to or to employ the official for a period		ì	* 1
	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	1420	4 .	. 🐞
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here			(
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		X
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 2010, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2010?	1		,
	If "Yes," list the years   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 22 of the instructions )	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ŀ		
20	20 20 20 20 20 20 20 20 20 20 20 20 20 2			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
b	If "Yes," did it have excess business holdings in 2010 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 2010)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4h		X

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai and Contractors (continued)	d Employees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter	er "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	<u> </u>
NONE	0
	0
	_ 0
	0
	.0
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
	<del></del>
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
3	
3	
•	
<b>A</b>	
4	
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	Amount
1 N/A	
•••••	
2	
All other program-related investments See page 24 of the instructions	
3	
	0
Total. Add lines 1 through 3	0

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	founda	ations,
,	see page 24 of the instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances .	1b	1,667
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,667
е	Reduction claimed for blockage or other factors reported on lines 1a and	13 1	
	1c (attach detailed explanation)	) ;	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,667
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions) .	4	25
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,642
6	Minimum investment return. Enter 5% of line 5	6	82
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	peratin	g
	foundations and certain foreign organizations check here   — and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	82
2a	Tax on investment income for 2010 from Part VI, line 5 .	)	
b	Income tax for 2010 (This does not include the tax from Part VI) .		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	82
4	Recoveries of amounts treated as qualifying distributions .	4	0
5	Add lines 3 and 4	5	82
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	82
Pari	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the	200	
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	dation	

Part	XIII Undistributed Income (see page 26 of	the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				82
2	Undistributed income, if any, as of the end of 2010.				
а	Enter amount for 2009 only			0	
b	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
b	From 2006 0	5]			
С	From 2007	5			
d	From 2008	5		•	
e	From 2009	<u>,                                    </u>			
f	Total of lines 3a through e .	0			
4	Qualifying distributions for 2010 from Part				
-	XII, line 4 ► \$ 0				
а	Applied to 2009, but not more than line 2a	]		0	
	Applied to undistributed income of prior years				•
-	(Election required—see page 26 of the instructions)		o		
С	Treated as distributions out of corpus (Election		Ĭ	/	
•	required—see page 26 of the instructions) .	1 0			
d	Applied to 2010 distributable amount				0
	Remaining amount distributed out of corpus	0			, -
5	Excess distributions carryover applied to 2010	0	······································		0
	(If an amount appears in column (d), the		A		<u>-</u>
	same amount must be shown in column (a) )				
6	Enter the net total of each column as				
_	indicated below:	× 4 3/	\$^	, %	<b>*</b>
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0	,		
b	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	<u> </u>			· · · · · · · · · · · · · · · · · · ·
_	amount—see page 27 of the instructions .		0		
e	Undistributed income for 2009 Subtract line				
•	4a from line 2a Taxable amount—see page 27 of the				
	instructions			0	
f	Undistributed income for 2010 Subtract				— — ·· · · · · · · · · · · · · · · · ·
-	lines 4d and 5 from line 1. This amount must	1			
	be distributed in 2011 .	•			82
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 2005				
•	not applied on line 5 or line 7 (see page 27 of the				
	instructions) .	l 0			
9	Excess distributions carryover to 2011.	<u> </u>			
•	Subtract lines 7 and 8 from line 6a	l 0			
10	Analysis of line 9	<u>-</u>			
	Excess from 2006				
	Excess from 2006	H			
D		4			
C	Excess from 2008	4			
	Excess from 2009	4			
e	Excess from 2010 ( )	i i	1		•

32-0286882

Part	ΧV	Supplementary Information (continued)	
3	Grar	ts and Contributions Paid During the Year or Approved for Future Payment	

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		ļ
a Paid during the year NONE	or substantial contributor			
b Approved for future payment	<u> </u>	<u></u>	<b>▶ 3</b> a	0
NONE				
Total			<b>▶ 3</b> b	0

	ONNERCON PARTIES TO CONDITION			_	32-020	0002 . ugc . =	
Part XV	I-A Analysis of Income-Producing Activ	vities	· · · ·			_	
Enter gro	ss amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	Excluded by section 512, 513, or 514		
1 Progra	am service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)	
a		-	0		0	<del></del>	
b			0		0		
D						<del></del>	
C		-	0	ŧ	0		
a			0		0		
е			0	<del></del>	0	<b>†</b>	
f			0		0	0	
<b>g</b> Fe	es and contracts from government agencies						
2 Memb	ership dues and assessments						
3 Interes	st on savings and temporary cash investments						
4 Divide	nds and interest from securities						
5 Net re	ntal income or (loss) from real estate		,	>			
	bt-financed property						
	t debt-financed property					<del></del>	
	• • •						
	ntal income or (loss) from personal property						
	investment income			<del>_</del>			
	or (loss) from sales of assets other than inventory				0		
	come or (loss) from special events						
10 Gross	profit or (loss) from sales of inventory						
11 Other	revenue a		0		0	0	
b			0		0	0	
С			0		0	0	
d _			0		0	0	
е —			0		0	0	
 12 Subto	tal Add columns (b), (d), and (e)	à ,.% .	0	, % A2'	0	<del>                                     </del>	
	Add line 12, columns (b), (d), and (e)	277	_	. ***	13	0	
	sheet in line 13 instructions on page 29 to verify calci	ulations )		·			
	-B Relationship of Activities to the Acc		of Exempt P	urnoses			
Line No.	Explain below how each activity for which income				nnortantly to		
▼	the accomplishment of the foundation's exempt page 29 of the instructions )						
	NONE		·				
						-	
						·	
						<del></del>	
					·		
·	<del>-</del> .				****		
	· ·						
<del></del>			<del></del>				
				· . — . — . — . — . — . — . — . — . — .			
						v=-	
		<u> </u>					
					·	<del></del>	
		<del></del>		<u> </u>			
						•	
	_						

•		Exempt Organizations						
1 Did	the or	ganization directly or indirect	ly engage in any of the following	with a	ny other organization described	i	Yes	No
in s	ection	501(c) of the Code (other tha	an section 501(c)(3) organization:	s) or ir	section 527, relating to politic	al		
org	anızati	ons?					1	
a Tra	nsfers	from the reporting foundation	n to a noncharitable exempt orga	nızatıo	n of			
	Cash					. 1a(1)		X
		assets				. 1a(2)	_	X
		nsactions:						
(1)	Sales	of assets to a noncharitable	exempt organization .			. 1b(1)		Х
(2)	Purch	ases of assets from a nonch	aritable exempt organization			. 1b(2)		X
(3)	Renta	al of facilities, equipment, or c	ther assets			1b(3)		X
(4)	Reiml	bursement arrangements .	other assets			. 1b(4)		X
(5)	Loans	s or loan guarantees				1b(5)	<u> </u>	X
(6)	Perfo	rmance of services or member	ership or fundraising solicitations			1b(6)	<u> </u>	X
c Sha	aring o	f facılıtıes, equipment, mailing	g lists, other assets, or paid empl	oyees		1c		<u>X_</u>
d If th	ne ansv	wer to any of the above is "Ye	es," complete the following sched	ule. C	olumn (b) should always show	the fair ma	rket	
val	ue of th	ne goods, other assets, or se	rvices given by the reporting four	dation	If the foundation received les	s than fair r	narke	t
vali	ue in a	ny transaction or snaring arra	angement, show in column (d) the	e value	e of the goods, other assets, of	services re	ceive	a.
(a) Line	no	(b) Amount involved (c) Na	me of noncharitable exempt organization	- (	d) Description of transfers, transactions,	and sharing a	rrangen	nents
		0 N/A						
		0						
		0						
		0						
		0						
		0						
		0		$\dashv$				
		0		$\dashv$		<del></del> -		
		0		-				
	$\dashv$	0		-				
		0		_				
		0		-				
	+	0						
		0						
		0						
2a Ist	he fou		iffiliated with, or related to, one or	more	tax-exempt organizations			
			e (other than section 501(c)(3)) o			Yes X	No	
b If"	Yes," c	complete the following schedu	ıle.				_	
		(a) Name of organization	(b) Type of organization		(c) Description of	f relationship		
N/A								
	_							
	Under p	penalties of perjury, I declare that I have	ve examined this return, including accompa	nying so	hedules and statements, and to the bes	t of my knowle	dge and	t
Sign	belief, i	t is true, correct, and complete Decla	ration of preparer (other than taxpayer or fic	luciary) i	s based on all information of which prep	arer has any k	nowled	ge
_	1 (1 -		< A	/	!			•
Here		3 July C	200	144	14/11 EXECUTIV	<u>E VICE PRI</u>	ESIDE	<u>NT</u>
	*Sigi	nature of officer or trustee	12	Date	Title	10=0:		
Paid		Print/Type preparer's name	Preparer's signature		Date Check			
					self-empl	<b>→</b>		
Prepa		Firm's name			Firm's EIN			
Use C	Inly	Firm's address	<del>.</del>		Phone no			

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

**Employer identification number** 

**CAMERON FAMILY FOUNDATION** 32-0286882 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more . . . . . . . . . . **▶ \$**\_\_\_\_\_\_ during the year . . . . . . . Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Page 1 of 1 of Part I Name of organization **Employer identification number CAMERON FAMILY FOUNDATION** 32-0286882 Part I Contributors (see instructions) (d) (c) (a) **Aggregate contributions** Type of contribution No. Name, address, and ZIP + 4 AMERICAN FIDELITY CORPORATION Person \_\_1\_ **Payroll** PO BOX 25523 OKLAHOMA CITY OK 73125-6092 Noncash 10,000 Foreign State or Province (Complete Part II if there is a noncash contribution) Foreign Country (d) (c) (a) Type of contribution Name, address, and ZIP + 4 **Aggregate contributions** No. Person \_\_\_2\_\_\_ **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (c) (d) (a) (b) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 Person \_ 3\_\_\_ **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution.) (d) (c) (a) (b) Type of contribution Aggregate contributions No. Name, address, and ZIP + 4 Person 4 **Payroll** Noncash Foreign State or Province (Complete Part II if there is a noncash contribution) Foreign Country (d) (b) (c) (a) **Aggregate contributions** Type of contribution No. Name, address, and ZIP + 4 Person \_\_5\_\_ **Payroll** Noncash Foreign State or Province. (Complete Part II if there is a noncash contribution.) Foreign Country (a) (c) (d) (b) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person

6

Foreign State or Province

Foreign Country

(Complete Part II if there is

a noncash contribution)

**Payroll** Noncash

#### CAMERON FAMILY FOUNDATION FOR YEAR ENDED DECEMBER 31, 2010 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 TREASURER/ DIRECTOR	0	0	0	o
STEPHEN P GARRETT 2000 CLASSEN CENTER, OKC, OK 73106	SECRETARY/ DIRECTOR	0	0	o	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	<i>и</i> о	0	0	0
WILLIAM E DURRETT 2000 CLASSEN CENTER, OKC, OK 73106	DIRECTOR	0	0	0	0
DAVID R CARPENTER 2000 CLASSEN CENTER, OKC, OK 73106	DIRECTOR	05	0	0	0

# Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

Internal Revenu	ue Service Prile d	a Separate d	application for each return.					
• If you are	e filing for an Automatic 3-Month Extensi e filing for an Additional (Not Automatic) inplete Part II unless you have already be	3-Month I	Extension, complete only Part II (o	n page 2 of	this f		► X	
Electronic a corporation 8868 to req Return for T	filing (e-file). You can electronically file Fon required to file Form 990-T), or an addituest an extension of time to file any of the ransfers Associated With Certain Personal For more details on the electronic filing o	orm 8868 i ional (not a forms liste al Benefit C	if you need a 3-month automatic extended automatic) 3-month extension of time d in Part I or Part II with the exception contracts, which must be sent to the	ension of time You can eon of Form 8 IRS in pape	ne to lectro 870, r forr	file (6 m onically Informa nat (see	nonths for file Form ation	
Part I	Automatic 3-Month Extension of 1	Time. Onl	y submit original (no copies need	ed).		-	_	
	on required to file Form 990-T and request				ompl	ete	<b>&gt;</b> 🗌	
time to file i	rporations (including 1120-C filers), partne ncome tax returns.	rships, RE						
Type or Name of exempt organization					Employer identification number			
print CAMERON FAMILY FOUNDATION			32-028688			2		
File by the Number, street, and room or suite no. If a P.O. box, see instructions								
due date for filing your	2000 CLASSEN CENTER							
return See	Crty, town or post office, state, and ZIP code	For a foreig	n address, see instructions.					
instructions	OKLAHOMA CITY			OK	73 <u>′</u>	106		
Enter the Re	eturn code for the return that this application	on is for (fil	e a separate application for each re	turn)			04	
Application	n	Return	Application				Return	
Is For		Code	Is For				Code	
Form 990		01	Form 990-T (corporation)				07	
Form 990-E	31	02	Form 1041-A			<del></del>	08	
Form 990-E		03	Form 4720				09	
		03					10	
Form 990-PF		05	Form 5227				11	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				12	
Form 990-T (trust other than above)		06	Form 8870					
Telephon If the org If this is for the whole list with the I I require until is for the X If the telephone I	as are in the care of ► AMERICAN FIDE  The No. ► (405) 523-5456  Anization does not have an office or place or a Group Return, enter the organization' or group, check this box ►	of busines is four digit If it is for p ision is for corporatio exempt or	FAX No. ► (405) 523-5687 ss in the United States, check this be Group Exemption Number (GEN) _ eart of the group, check this box  n required to file Form 990-T) extensions ganization return for the organization , and ending	sion of time	ove.	The exte	ension	
	application is for Form 990-BL, 990-PF, 9 fundable credits. See instructions.	90-T, 4720	o, or 6069, enter the tentative tax, les	ss any	3a	\$		
b If this application is for Form 990-PF, 990-T, 473		20. or 6069	or 6069, enter any refundable credits and			<del></del>		
	ated tax payments made. Include any prior		•		3b	s		
				v usina		<b>-</b>	<del></del>	
EFTPS (Electronic Federal Tax Payment System). See instructions.							0	
-	ou are going to make an electronic fund v	vithdrawal	with this Form 8868, see Form 8453	3-EO and Fo	orm 8	879-EO	)	
or payment	instructions.							

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2011)

Form 8868 (Rev: 1-2011)	Page 2						
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II a	and check this box						
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a							
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	provided, most sim coos						
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (	(no copies needed)						
	Employer identification number						
	32-0286882						
File by the Number, street, and room or suite no. If a P O. box, see instructions	32-0200002						
extended 2000 CLASSEN CENTER							
your City, town or post office, state, and ZIP code For a foreign address, see instructions							
return See	01/						
Instructions OK 73106							
Enter the Return code for the return that this application is for (file a separate application for each re	eturn)						
Application Return Application	Return						
Is For Code Is For	Code						
Form 990 01							
	08						
	09						
	10						
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11						
Form 990-T (trust other than above)  OF Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous process.	12						
If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Change in accounting period  State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO PREPARE A COMP	If this is and attach a ending Final return  PLETE AND ACCURATE RETURN.						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, les nonrefundable credits. See instructions.	· 1 1.						
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year overpayment allowed as a credit and an	ny 🚉						
estimated tax payments made. Include any prior year overpayment allowed as a credit and an amount paid previously with Form 8868.	8b \$						
estimated tax payments made. Include any prior year overpayment allowed as a credit and an amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by	8b \$						
estimated tax payments made. Include any prior year overpayment allowed as a credit and an amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, b EFTPS (Electronic Federal Tax Payment System). See instructions.	8b \$						
estimated tax payments made. Include any prior year overpayment allowed as a credit and an amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by	8b \$ sy using 8c \$ 0						