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

OMB No 1545-0052 2010

Inte	emal Re	evenue Service Note. The foundation may	be able to use a copy of	this return to s	satisfy state re	eporting requirements	
Fo	or ca	lendar year 2010, or tax year beginning	09,	/01 , 2010	, and endin	ıg	08/31, 2011
G	Che	ck all that apply Initial return	Initial return	of a former p	oublic charit	ty	Final return
		Amended return	Addre	ss change		Name change	_
Na	ame d	of foundation				A Employer identific	cation number
F	LOR	A CAMERON FOUNDATION				74-	6038681
Νι	ımbei	r and street (or P O box number if mail is not delivered	ed to street address)		Room/suit	e B Telephone number	(see page 10 of the instructions)
5	701	BROADWAY, SUITE 106				(21	0) 824-8301
Cı	ty or	town, state, and ZIP code				C If exemption applica pending, check here	
						D 1 Foreign organizat	▶ 1 1
S	AN .	ANTONIO, TX 78209				2 Foreign organizat	
H	Che	ck type of organization X Section 501	(c)(3) exempt private t	foundation		85% test, check h	
\perp	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		tion	E If private foundation	status was terminated
1	Fair	market value of all assets at end	ounting method $oxedsymbol{oxed{X}}$ C	ash Acc	crual	under section 507(b)	
		· · · · · · · · · · · · · · · · · · ·				F If the foundation is	in a 60-month termination
_			, column (d) must be or	n cash basıs)	<u> </u>	under section 507(b)	(1)(B), check here . ►
Ŀ	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements
		may not necessarily equal the amounts in	expenses per	incon	I .	income	for charitable purposes
_		column (a) (see page 11 of the instructions))	books				(cash basis only)
Ì	1	Contributions, gifts, grants, etc., received (attach schedule). Check X If the foundation is not required to attach Sch. B	0.	1			
	2	Check ► X attach Sch B				<u></u>	
	3	Interest on savings and temporary cash investments	41 010	ļ ,	11 010		7 1
	4	Dividends and interest from securities	41,010	4 5	11,010.		ATCH 1
		Gross rents					
		Net rental income or (loss)	- RECEIVE	1D			
ne	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			· ·		
Revenue		assets on line 6a	원 역 JAN 2 0 20				
Re	7	Capital gain net income (from Part IV, line 2) .	9 JAN 20 20	8			
	8	Net short-term capital gain					
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·		UT			
	_	Less Cost of goods sold					
	ĺ	Gross profit or (loss) (attach schedule)		†			
	11	Other income (attach schedule)	I .				
		Total Add lines 1 through 11		4	11,010.		
_	13	Compensation of officers, directors, trustees, etc	-				
	14	Other employee salaries and wages					_
ses	15	Pension plans, employee benefits					
Operating and Administrative Expenses	16a						
Ÿ	ь	Accounting fees (attach schedule) Accounting fees (attach schedule) ATCH 2	5,900	1	5,900.	0.	0
e E	С	Other professional fees (attach schedule). *	1,763	-	1,763.		
ati	17	Interest					
str	18	Taxes (attach schedule) (see page 14 of the instructions)	* 640	-			
Ē	19	Depreciation (attach schedule) and depletion.					
퉏	20	Occupancy	8,400	•	4,200.	-	4,200
Į p	21	Travel, conferences, and meetings					
ᄪ	22	Printing and publications					
ing	23	Other expenses (attach schedule) ATCH 5.	270	<u> </u>			
rat	24	Total operating and administrative expenses.					
þe		Add lines 13 through 23	16,973	1	11,863.	0.	. 4,200
J	25	Contributions, gifts, grants paid	16,000		11 000		16,000
	26	Total expenses and disbursements. Add lines 24 and 25	32,973	<u> </u>	11,863.	0.	20,200
	27	Subtract line 26 from line 12	0.007				
	l .	Excess of revenue over expenses and disbursements	8,037	1 ,	00 147		
	þ	Net investment income (If negative, enter -0-)		 	29,147.		

c Adjusted net income (if negative, enter -0-). .

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

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*ATCH 3 JSA

Form **990-PF** (2010)



74-6038681

		Delenes Sheets	Attached schedules and amounts in the	Beginning of year	End o	f year
<u>ئئا</u> -	art II	parance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\Box	1	Cash - non-interest-bear	ing	23,251.	25,865.	25,865.
			cash investments			
						
		Less allowance for dou	btful accounts ▶			
			btful accounts ▶			
ŀ						_
j			officers, directors, trustees, and other		•	
			*			
			ach schedule) (see page 15 of the instructions)			
			receivable (attach schedule)			
			ibtful accounts ▶			
ţ			se			
Assets			deferred charges		631,584.	846,369.
ğ			te government obligations (attach schedule). *.*			040,309.
			e stock (attach schedule)			
	11	Investments - land, building and equipment basis				
		Less accumulated depreca (attach schedule)	ation			
	12	Investments - mortgage	loans			
	13	Investments - other (att	ach schedule)			
		Land, buildings, and equipment basis				
		Less accumulated depreca (attach schedule)				
	15	Other assets (describe	►ATCH_7)	106.	118.	118.
	16	Total assets (to be	completed by all filers - see the			
		instructions Also, see p	page 1, item I)	649,747.	657,567.	872,352.
	17	Accounts payable and a	accrued expenses			
				l l		
ģ	19			1		
Liabilities			ors, trustees, and other disqualified persons			
喜			otes payable (attach schedule)			1
Ë			e ▶)	217.		
		Other habilities (asserts	·/			
	23	Total liabilities (add line	es 17 through 22)	217.	0.	
_	_		llow SFAS 117, check here ▶			
			24 through 26 and lines 30 and 31.			
S	(-			
Š				,		
<u>a</u>	25					
8	26					
Ĕ	<u> </u>	Foundations that do	not follow SFAS 117,			
Ē			nplete lines 27 through 31. $\blacktriangleright X$	649,530.	657,567.	
8	27		ncipal, or current funds	015,030.	00770071	
šets	28		or land, bldg, and equipment fund			
Ass	29	• • • • • • • • • • • • • • • • • • • •	nulated income, endowment, or other funds , .			
et	30		fund balances (see page 17 of the	649,530.	657,567.	
Z		instructions)	<u>.</u> .	049,550.	037,307.	
	31		et assets/fund balances (see page 17	640 747	657 567	
				649,747.	657,567.	
			anges in Net Assets or Fund		. ,	
1			balances at beginning of year - Part			C40 E30
			ed on prior year's return)			649,530.
2	Ente	r amount from Part I,	line 27a		2	8,037.
3	Othe	r increases not includ	ded in line 2 (itemize) ▶		3	
	Add	lines 1, 2, and 3				657,567.
5	Decr	eases not included in	n line 2 (itemize) ▶		5	
6	<u>Tota</u>	I net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	657,567.
			**ATCH 6			Form 990-PF (2010)

Part IV Capital Gains	and Losses for Tax on Inve	estment Income	/b\ \u00e40ee		
. ,	I describe the kind(s) of property sold (each of the kind (s) of property sold (s) of propert	•	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a					
b					_
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
<u> </u>					
С					
d					
e					
Complete only for assets	showing gain in column (h) and owner	d by the foundation on 12/31/69		Gains (Col (h) g	
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
3					
b					
c					
d					
e					
Capital gain net income or	(not conital loce)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
Net short-term capital gain	'') or (loss) as defined in sections 12				
	line 8, column (c) (see pages 13				
_	line 8		3		
		duced Tax on Net Investment I	 	•	-
	the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?	Yes X N
	not qualify under section 4940(e)		oforo mal	una ony ontron	
		, see page 18 of the instructions be	etore mar	(d)	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r (col (b) divided by	y col (c))
2009	13,700.	805,888.			0.017000
2008	87,518.	834,250.			0.104906
2007	2,087.	817,801.	ļ		0.002552
2006	18,150.	768,058.			0.023631
2005	7,078.	761,283.	ļ ,		0.009297
Total of line 1, column (d)			2		0.157386
•	for the 5-year base period - divide dation has been in existence if less	e the total on line 2 by 5, or by the s than 5 years	3		0.031477
Enter the net value of nor	ncharitable-use assets for 2010 fro	om Part X, line 5	4		822,676.
			5		25,895.
			6		291.
			7		26,186.
	ons from Part XII, line 4		8		20,200.
If line 8 is equal to or gr Part VI instructions on pag	eater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See t

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ns)
	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 ruling letter if necessary - see instructions)			
	Domestic_foundations that meet the section 4940(e) requirements in Part V, check		5	83.
	here and enter 1% of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of $\mathcal I$			
	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			
3	Add lines 1 and 2		5	83.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		5	83.
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 600 .			
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			
7	Total credits and payments Add lines 6a through 6d		6	00.
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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			17.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 17. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities	 ,		
1 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		X
b	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		X
	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	,		
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	i l		
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$	i		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		Į	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>
4a	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?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
	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	1		
	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	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	^	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) TX,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

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3ь

4a

Х

X

Х

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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?

Par	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
	During the year did the foundation pay or incur any amou					
Ja	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X N	,	
	(2) Influence the outcome of any specific public election	• •				
		•	• .	Yes X N	_	
	directly or indirectly, any voter registration drive?			· [] " [] "	·	
	(3) Provide a grant to an individual for travel, study, or oth			Yes X No	°	1
	(4) Provide a grant to an organization other than a chari			□ ▼		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (,,,,,,,	. Yes X N	°	ļ
	(5) Provide for any purpose other than religious, charital	•				ŀ
	purposes, or for the prevention of cruelty to children o	r anımals?		Yes X N	•	
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	under the exception	s described in		ļ
	Regulations section 53 4945 or in a current notice regard	ing disaster assistanc	e (see page 22 of the	instructions)?	<u>5</u> b	X
	Organizations relying on a current notice regarding disast	er assistance check h	ere	▶ 🔲		ŀ
С	If the answer is "Yes" to question 5a(4), does the foundation	ition claim exemption i	from the tax			
	because it maintained expenditure responsibility for the gi	•		Yes No	.	
	If "Yes," attach the statement required by Regulations sections			• —		
6.2	Did the foundation, during the year, receive any funds, d		nav premiums			İ
va	on a personal benefit contract?	= -		Yes X N	,	
h	Did the foundation, during the year, pay premiums, direct			. —	6ь	l x
	If "Yes" to 6b, file Form 8870	only or indirectly, on a	bersonal benefit contra	u	• • • • • • • • • • • • • • • • • • • •	
7 -	At any time during the tax year, was the foundation a pa	rty to a probabilised toy	shalter transpation?	Yes X N	_	
	If "Yes," did the foundation receive any proceeds or have					<u> </u>
-	rt VIII Information About Officers, Directors					^
	and Contractors				•	
1	List all officers, directors, trustees, foundation m	anagers and their	compensation (se	e page 22 of the instr	uctions).	
					, -	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense	
	· · · · · · · · · · · · · · · · · · ·	(b) Title, and average		(d) Contributions to	•	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	owances
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense other allo	
AT	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	owances
AT	(a) Name and address TACHMENT 8	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	owances
AT	(a) Name and address TACHMENT 8	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	owances
AT	(a) Name and address TACHMENT 8	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	owances
AT	(a) Name and address TACHMENT 8	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	owances
ĀT	(a) Name and address TACHMENT 8	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense other allo	owances
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense other allo	owances
ĀT	(a) Name and address TACHMENT 8	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation -0-	(e) Expense other allo	owances
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot	(b) Title, and average hours per week devoted to position her than those inc	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit	(e) Expense other allo	owances 0 -
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter 0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 -	(e) Expense other allo	owances 0 -
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (If not paid, enter 0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	owances 0 -
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (If not paid, enter 0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	owances 0 -
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ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (If not paid, enter 0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	owances 0 -
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (If not paid, enter 0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	owances 0 -
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (If not paid, enter 0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	owances 0 -
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (If not paid, enter 0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	owances 0 -
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (If not paid, enter 0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	owances 0 -
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (If not paid, enter 0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	owances 0 -
ĀT	(a) Name and address TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (If not paid, enter 0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit plans and deferred	(e) Expense other allo	owances 0 -

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Part VIII Information About Officers, Directors, Trustees, Foundat and Contractors (continued)	ion Managers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional services (s	see page 23 of the instructions). If n	one, enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant organizations and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1_N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page 24	•	A
Describe the two largest program-related investments made by the foundation during the tax year of N/A	on lines 1 and 2	Amount
1 N/A		
2		
	·	
All other program-related investments See page 24 of the instructions		
3 NONE		

Form 990-PF (2010)

74-6038681

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
	Average monthly fair market value of securities1	a	806,104.
b	Average of monthly cash balances	1b	29,100.
C	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	835,204.
е			
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	835,204.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	4	12,528.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	822,676.
6	Minimum investment return. Enter 5% of line 5	6	41,134.
Pa	Trt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ► and do not complete this private the private that is the private that the private	ate operating part)	
1	Minimum investment return from Part X, line 6	1	41,134.
2 a	Tax on investment income for 2010 from Part VI, line 5 2a 583.		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b	1	
С	Add lines 2a and 2b	2c	583.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	40,551.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	40,551.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	40,551.
	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		20 200
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	20,200.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	0.
2			0
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		0
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b 4	20,200.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	20,200.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	N/A
_	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	20,200.
6	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 ca qualifies for the section 4940(e) reduction of tax in those years	iculating whe	mer the foundation

Form 990-PF (2010)

Pa	rt XIII Undistributed income (see page	26 of the instruction	ns)		
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
•	line 7		* 1	· · · · · · · · · · · · · · · · · · ·	40,551.
2	Undistributed income, if any, as of the end of 2010			·	,
	Enter amount for 2009 only				
a b	00 07 06				
3	Excess distributions carryover, if any, to 2010			•	
	i ·	İ			
	From 2005				
D	From 2006				
C	From 2007				
d					
	From 2009	46,409.			
	Total of lines 3a through e	10/105.			
4	Qualifying distributions for 2010 from Part XII, line 4 > \$				
а	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				20,200.
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2010	20,351.			20,351.
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
_	Corpus Add lines 3f, 4c, and 4e Subtract line 5	26,058.			
	•	•			
b	Prior years' undistributed income Subtract line 4b from line 2b				
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				
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
f	Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be				
-	distributed in 2011				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				
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2011.	.			
	Subtract lines 7 and 8 from line 6a	26,058.			<u> </u>
10	Analysis of line 9				
а	Excess from 2006				
b					-
С	Excess from 2008 26,058.				
d	Excess from 2009				
е	Excess from 2010				

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	<u>rt VII-A, question 9)</u>	NOT APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating	
	foundation, and the ruling	g is effective for 2010, e	nter the date of the ruling		. ▶	
ь	Check box to indicate wh				· —	j)(3) or 4942(j)(5)
_		Tax year	<u> </u>	Prior 3 years	· · · · · · · · · · · · · · · · · · ·	
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	I or the minimum investment		(2) 2000	(0/=555	(-,	
	return from Part X for each					
	year listed				- · · -	
Ь	85% of line 2a	· · · ·				
С	Qualifying distributions from Part		1			
а	XII, line 4 for each year listed . Amounts included in line 2c not					
ŭ	used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line					
_	2d from line 2c					<u> </u>
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties toans (section 512(a)(5)),					
	or royalties)		· · · · · · · · · · · · · · · · · · ·			
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income.					
Pa					ation had \$5,000	or more in assets
_		during the year - se	<u> </u>	structions.)		
1	Information Regardin	•		- 4b 00/ -£4b- 4-4		
а	List any managers of before the close of any	tne toungation who i v tax vear (but only if t	nave contributed mor hev have contributed i	e than 2% of the tota more than \$5,000) (S	ai contributions receiv See section 507(d)(2)	ved by the foundation
	FLORA C. A		,	(-		,
_				• • • • •		
Þ	List any managers of ownership of a partne					y large portion of the
	ownership of a partile	iship of other entity) o	willcit the loundatio	irilas a 10 % or greate	interest	
	NONE					
2	Information Regardin	g Contribution, Gran	t, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ▶ ☐ If 1	the foundation only	makes contributions	to preselected char	table organizations	and does not accept
						ons) to individuals or
	organizations under of	ther conditions, compl	ete items 2a, b, c, and	ld		
a	The name, address, a	and telephone number	of the person to who	m applications should b	e addressed	<u></u>
	ATTACHM					
b	The form in which app	plications should be su	ibmitted and informati	on and materials they	snould include	
	ATTACHM	ENT 10			_	
C	Any submission deadl	ines				
	THERE ARE	NO FORMAL DEAD	LINES FOR SUBM	ISSION OF GRAN	r REQUESTS.	
d	Any restrictions or I factors	ımıtatıons on awards	s, such as by geogr	aphical areas, charita	able fields, kinds of	institutions, or other
	TACIOIS ATTACHM	ENT 11				

Form 990-PF (2010)			74-6038681	Page 11
Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri	ng the Year or Appr		uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 12				
		1		
Total			▶ 3a	16,000
b Approved for future payment				
		1		
		1		
	<u> </u>		N 01:	
Total	. .		▶ 3b	

Part XVI-	Analysis of Income-Produ	cing Activ	vities			
Inter gross a	amounts unless otherwise indicated	Unrel	ated business income (b)	(c)	v section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a						
b				-		
				_		
			·			
				 		<u> </u>
f						
-	nd contracts from government agencies hip dues and assessments					
	savings and temporary cash investments	-				
	s and interest from securities			14	41,010.	
	I income or (loss) from real estate					
	financed property					
	ebt-financed property					
	income or (loss) from personal property .					
	estment income					
	ess) from sales of assets other than inventory					
Net incor	ne or (loss) from special events					··
Gross pr	ofit or (loss) from sales of inventory					·
Other rev	enue a					
b						
c						
d					· · · · · · · · · · · · · · · · · · ·	
e		-		_	41,010.	
	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e)					41,010
Part XVI- Line No. ▼	Explain below how each activit accomplishment of the foundationstructions)					
		· -				
-						
		···	 			
				 		
						· -
					· <u> </u>	
						
			 -			
			-	 		
						
-						

orm 99	0-PF (2	2010)					74-6038681			Pag	je 1
Part	XVII	Information Exempt Orga		ransfers To ar	nd Transact	tions	and Relationships	With No	oncha	arita	able
1 D	id the	e organization directly	y or indirectly	engage in any of	the following	with	any other organization de	escribed	Y	es	No
							section 527, relating to	1			
		ations?	•	,			•				
аТ	ransfe	ers from the reporting f	oundation to a ne	oncharitable exempt or	rganization of						
		, -		-	-			1	a(1)		X
									a(2)		X
		ransactions						· · · · · 			
			aritable evenunt (organization				1	b(1)		Х
							· • • • • • • • • • • • • • • • • • • •		b(2)	_	X
									b(3)	\dashv	X
										\dashv	X
									b(4)	\dashv	X
							• • • • • • • • • • • • • • • • • • • •		b(5)	\dashv	X
									b(6)		X
									1 c		
		•		•	_		Column (b) should alwa	•			
		•	·				If the foundation recei				
V	alue ı						e of the goods, other as				
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt or	ganization		escription of transfers, transaction	s, and shann	g arrang	emen	ts
		N/A				N/A					
								-			
							<u></u>				
		· · ·									
				14							
							·				
	-+										
							· · · · · · · · · · · · · · · · · · ·				
				***			·	-			
		•	•				nore tax-exempt organizat	ions	٦.,	□	1
		ed in section 501(c) of	•	man section 501(c)(3))) or in section 5	277.		L	Yes	L _X	No
<u>b</u> 11	r "Yes	" complete the followin	_	(a) 7 (1				-	
NT / 7		(a) Name of organizatio	<u>n</u>	(b) Type of	organization		(c) Description	of relationshi	IP		
N/A	1										
		<u>-</u>									
							chedules and statements, and to				
Sign	Delle	a, it is true, correct, and co	mpiete Declaration	or preparer (other than t	axpayer or fiducia	iyyis ba	sed on all information of which p	reparer nas a	Hy KIIOW	- - uge	1
Here		Hade C.	Hotele	100_		9_	12 Resil	20			
		Signature of officer or truste	ee ee		Date		Title				
		Print/Type preparer's	name	Preparer's signa	iture 0		Date	PT	ΓIN		
ריים			. 1	I N. L. A.C.) ()		Check	XIII			
Paid		MICHAEL ()	KON	Mules	Klen		11770	mployed P	0028	406	2
Prepa	arer	Firm's name ► SC	OUTHERN WE.	ALTH MANAGEM	ENT, LLP		Firm's EIN				
		. IIII O II GIII O		· · · · · · · · · · · · · · · · · · ·			1 1111 3 5114	<u> </u>			

Phone no 210-402-7200 Form 990-PF (2010)

78248

Use Only

SAN ANTONIO,

Firm's address ▶ 1826 N. LOOP 1604 W, SUITE 260

SECURITIES
FROM
NTEREST
AND
DIVIDENDS AND I
ı
PART
990PF,
FORM

NET INVESTMENT INCOME	9.	41,010.
REVENUE AND EXPENSES PER BOOKS	9.	41,010.
		TOTAL
DESCRIPTION	FROST S/T TREASURY FUND U.S. TREASURY INTEREST	

FEES
ACCOUNTING
1
- 11
н
, PART I
ART

CHARITABLE		0
ADJUSTED NET INCOME		• 0
NET INVESTMENT INCOME	5,900.	5,900.
REVENUE AND EXPENSES PER BOOKS	5,900.	5,900.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

- OTHER PROFESSIONAL FEES FORM 990PF, PART I

1,071. NET INVESTMENT INCOME 1,071. 692. EXPENSES PER BOOKS REVENUE AND FNB - AGENCY FEES ADMINISTRATIVE FEES DESCRIPTION

1,763.

1,763.

TOTALS

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS_

DESCRIPTION

PERSONAL PROPERTY TAXES FEDERAL EXCISE TAX

57.

583.

TOTALS

640.

DESCRIPTION MISC. EXPENSE ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

REVENUE

AND

EXPENSES PER BOOKS 270.

TOTALS

270.

OBLIGATIONS
STATE
AND
U.S.
- 1
II
PART
990PF,
FORM

DESCRIPTION	ENDING BOOK VAI
AIM STIT TREASURY - INC U.S. TREASURY BOND 7.875% AIM STIT TREASURY - PRIN U.S. TREASURY NOTE 4.875%	17 390 29

US OBLIGATIONS TOTAL

9	ENDING FMV	17, 578. 599, 936. 29, 588. 199, 267.	.000,000
ATTACHMENT 6	ENDING BOOK VALUE	17,578. 390,561. 29,588. 193,857.	. 500 / 100

11361L 719A 12/20/2011 10:13:48 AMV 10-8.2

ATTACHMENT

- OTHER ASSETS PART II FORM 990PF,

DEPOSITS - OFFICE DIVIDEND RECEIVABLE PREPAID FEDERAL EXCISE TAXES DESCRIPTION

BOOK VALUE ENDING

ENDING

FMV

100.

100. 1.

118.

118.

TOTALS

FLORA CAMERON FOUNDATION

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES FORM 990PF, PART VIII

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

FLORA C ATHERTON

PRESIDENT/TREAS.

315 WESTOVER ROAD SAN ANTONIO, TX 78209

2624 CEDAR RIDGE LANE RICK BOSTWICK

TRUSTEE

WACO, TX 76708

TRUSTEE

LOS ANGELES, CA 90069 8509 HOLLYWOOD BLVD. GRACE LABATT

5507 CAPRICE DRIVE AUSTIN, TX 78731 PETER ATHERTON

TRUSTEE

GRAND TOTALS

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

MRS. FLORA C. ATHERTON 5701 BROADWAY, SUITE 106 SAN ANTONIO, TX 78209 210-402-7200

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

MUST BE ON THE ORGANIZATION'S LETTERHEAD AND SIGNED BY A MEMBER OF THE BOARD OF DIRECTORS OR AN OFFICER OF THE ORGANIZATION. INCLUDE INFORMATION ON USE OF GRANT, COPY OF CHARTER AND BY-LAWS, EXEMPTION LETTER FROM THE IRS, AND CURRENT FINANCIAL STATEMENT.

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THE GRANTS ARE AWARDED TO PUBLIC CHARITABLE ORGANIZATIONS AS DEFINED IN IRC SECTION 501 (C)(3). THERE ARE NO RESTRICTIONS RELATED TO GEOGRAPHIC AREA, CHARITABLE FIELDS, OR KINDS OF INSTITUTIONS.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

IBUTOR T PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	GENERAL PURPOSE 5,000.	GENERAL PURPOSE 10,000.	GENERAL PURPOSE 1,000.
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE PUBLIC
RECIPIENT NAME AND ADDRESS	THE MCNAY ART MUSEUM 6000 N. NEW BRAUNFELS AVE SAN ANTONIO, TX 78209	THE BARBARA BUSH FOUNDATION FOR FAMILY LITERACY 1201 15TH ST. NW, STE 420 WASHINGTON, DC 20005	THE EAST WEST CENTER 1601 EAST-WEST RD HONOLULU, HI 96848

TOTAL CONTRIBUTIONS PAID

16,000.

ATTACHMENT 12