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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2014

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAMERON INDUSTRIAL FOUNDATION		D Employer identification number 74-6072843
	Number and street (or P O box, if mail is not delivered to street address) P.O BOX 432	Room/suite	E Telephone number 254-697-4979
	City or town, state or province, country, and ZIP or foreign postal code CAMERON, TX 76520		F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **16803**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	772
	5a	Gross amount from sale of assets other than inventory	5a	15852	
	b	Less: cost or other basis and sales expenses	5b	20067	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-47215	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8	179		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	-3264		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	10000	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		
	13	Professional fees and other payments to independent contractors	13	250	
	14	Occupancy, rent, utilities, and maintenance	14	441	
	15	Printing, publications, postage, and shipping	15	54	
	16	Other expenses (describe in Schedule O)	16	1023	
	17	Total expenses. Add lines 10 through 16	17	11768	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15032	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	152837	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	10	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	137815	

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>GINGER WATKINS</u> Telephone no. ▶ <u>254-697-4979</u> Located at ▶ <u>102 E 1ST CAMERON, TX</u> ZIP + 4 ▶ <u>76520</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

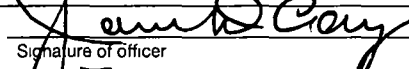
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

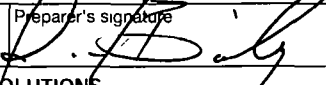
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer	5-13-15 Date
	James A. Camp, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JAMES H BAILEY	Preparer's signature 	Date 5-6-15	Check <input type="checkbox"/> if self-employed	PTIN P00731900
	Firm's name ▶ BAILEY FINANCIAL SOLUTIONS			Firm's EIN ▶ 20-1950753	
	Firm's address ▶ PO BOX 710 CAMERON, TX 76520			Phone no 254-697-3081	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

CAMERON INDUSTRIAL FOUNDATION

Employer identification number

74-6072843

PART 1, LINE 8

REIMBURSED EXPENSES

PART 1, LINE 16

TAXES, DUES, MISC, MEETINGS

PART 1, LINE 20

ROUNDING

Cameron Industrial Foundation

74-6072843

2014 Form 990-EZ

Part IV Current Officers, Directors, Trustees and Key Employees

(A) Name and Address	(B) Title and Avg Hrs/ Wk	(C) Compensation	(D) Employee Ben Plan Contrib	(E) Expense Account
<u>Jim Camp</u> PO Box 1139 Cameron, TX 76520	Pres /0	0	0	0
<u>Bill Harris</u> 1407 N Travis Cameron, TX 76520	V Pres /0	0	0	0
<u>Bob McClaren</u> 1945 CR 227 Cameron, TX 76520	Sec /0	0	0	0
<u>Jeannine Dohnalik</u> PO Box 111 Cameron, TX 76520	Treas /0	0	0	0
<u>Richard Crowe</u> PO Box 278 Buckholts, TX 76518	Dir /0	0	0	0
<u>Ed Magre</u> PO Box 728 Cameron, TX 76520	Dir /0	0	0	0
<u>Mark Humble</u> 203 N Houston Cameron, TX 76520	Dir. /0	0	0	0
<u>Melanie Shuffield</u> PO Box 967 Cameron, TX 76520	Dir /0	0	0	0
<u>Carl Bradley</u> P O Box 255 Cameron, TX 76520	Dir /0	0	0	0
<u>Alan Patterson</u> 2701 N Travis Cameron, TX 76520	Dir /0	0	0	0
<u>Rickey Williams</u> PO Box 835 Cameron, TX 76520	Dir /0	0	0	0
<u>Gary Fuchs</u> PO Box 591 Cameron, TX 76520	Dir /0	0	0	0
<u>James Anderle</u> 1300 4 th St Cameron, TX 76520	Dir /0	0	0	0
<u>John Egger</u> 305 W Gillis Cameron, TX 76520	Dir /0	0	0	0
<u>John Youngblood</u> 116 E 1st Cameron, TX 76520	Dir /0	0	0	0
<u>Candance Velvin</u> PO Box 1230 Cameron, TX 76520	Dir /0	0	0	0

Stephen Fuchs
PO Box 1133
Cameron, TX 76520

Dir /0

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