

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning **APR 24, 2014** and ending **DEC 31, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMPACT FOR AMERICA EDUCATIONAL FOUNDATION INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2323 CLEAR LAKE CITY BLVD, STE 180-19 City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77062 F Name and address of principal officer HAROLD R DEMOSS III 2323 CLEAR LAKE CITY BLVD, STE 180-190, HOUS	D Employer identification number E Telephone number 281-235-8311 G Gross receipts \$ 235,362. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.COMPACTFORAMERICA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2014		M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EDUCATE PUBLIC OFFICIALS, CITIZENS AND RESIDENTS OF THE UNITED STATES AND THE SEVERAL STATES 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td></td> <td style="text-align: right;">235,362.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td></td> <td style="text-align: right;">0.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td></td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td></td> <td style="text-align: right;">235,362.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)		235,362.	9 Program service revenue (Part VIII, line 2g)		0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		235,362.						
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Part II Signature Block

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 HAROLD R DEMOSS III, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name STAN LANGSTON	Preparer's signature
	Date 07/31/15	Check <input checked="" type="checkbox"/> if self-employed PTIN P00670526
	Firm's name ▶ HAM, LANGSTON & BREZINA, LLP	Firm's EIN ▶ 76-0448495
	Firm's address ▶ 11550 FUQUA, SUITE 475 HOUSTON, TX 77034	Phone no. 281-481-1040

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No