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Form 990-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2010

For calendar year 2010, or tax year beginning and ending G Check all that apply: Initial return Final return Initial return of a former public charity Amended return Address change Name change Name of foundation A Employer identification number CAMPBELL FAMILY FOUNDATION 02-0633398 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 250 LINDEN AVENUE 847-853-9335 City or town, state, and ZIP code C If exemption application is pending, check here WILMETTE, 60091 IL1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: | X | Cash Accrual under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination 198,624. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and expenses per books (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) income income (cash basis only) 39.513 Contributions, gifts, grants, etc., received N/A if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 3 369 369 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) <u>8</u> Net short-term capital gain 9 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income Total Add lines 1 through 11 39,882 369. 12 0. 0 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 0. 1,000 0. STMT 2 b Accounting fees c Other professional fees 17 Interest 0. STMT 3 8 0 18 Taxes 19 Depreciation and depletion 20 Occupancy 14,407 0. 0. 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 15,415 0 expenses. Add lines 13 through 23 250. 1,250 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 16,665 0 1,250. Add lines 24 and 25 27 Subtract line 26 from line 12 23,217 a Excess of revenue over expenses and disbursements 369 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

Fo	rm 99	90-PF (2010) CAMPBELL FAMILY FOUNDAT		02-	-0633398 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
		Savings and temporary cash investments	175,407.	198,624.	198,624.
	3	Accounts receivable ►	İ		
		Less: allowance for doubtful accounts			<u></u>
	4	Pledges receivable -			
		Less; allowance for doubtful accounts			
	1	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	١.	disqualified persons			
	7				
		Less allowance for doubtful accounts			
Assets	1	Inventories for sale or use			
Ass		Prepaid expenses and deferred charges Investments - U.S. and state government obligations			<u> </u>
	1				
		Investments - corporate stock Investments - corporate bonds			
	11	·	-		
	∤''				
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other		-	
	14	Land, buildings, and equipment; basis		· · · · · · · · · · · · · · · · · · ·	
	'	Less accumulated depreciation			
	15	Other assets (describe >			
	"	Office asserts (describe >			
	16	Total assets (to be completed by all filers)	175,407.	198,624.	198,624.
_		Accounts payable and accrued expenses			
	18	Grants payable			1
Ś	19	Deferred revenue		-	1
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons			-
abii	21				1
Ξ	22	Other liabilities (describe)			
		,			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	}	and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
au	25	Temporarily restricted			
Ва	26	Permanently restricted]
ם	ı	Foundations that do not follow SFAS 117, check here			
Ę	ļ	and complete lines 27 through 31.			
SO	27	Capital stock, trust principal, or current funds	0.	0.	,
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	<u>, </u>
As	29	Retained earnings, accumulated income, endowment, or other funds	175,407.	198,624.	
Net Assets or Fund Balances	30	Total net assets or fund balances	175,407.	198,624.	,]
	31	Total liabilities and net assets/fund balances	175,407.	198,624.	,
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	175,407.
2		r amount from Part I, line 27a		2	23,217.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	198,624.
		eases not included in line 2 (itemize)			0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II. co	olumn (b), line 30	6	

2 Total of line 1, column (d) 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 5 155,813. Multiply line 4 by line 3 6 6 Enter 1% of net investment income (1% of Part I, line 27b) 155,817. Add lines 5 and 6 1,250. 8 8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

_	n 990-PF (2010) CAMPBELL FAMILY FOUNDATION						<u>0633</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940)		_		40(e), or 4	1948	- see i	nstrı	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ente	er "N /	/A" (on line 1.)					
	Date of ruling or determination letter: (attach copy of letter if neces	ssary	/-se	e instructio	ıs)		ļ			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		an	nd enter 1%	}	1_1_				<u>7.</u>
	of Part I, line 27b									
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	of Par	rt I,	line 12, col.	(b).	ĺ				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ers er	nter	· - 0-)		2				0.
3	Add lines 1 and 2					3				7.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	ers e	ente	r -0-)		_ 4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-					5				<u>7.</u>
6	Credits/Payments:									
а	2010 estimated tax payments and 2009 overpayment credited to 2010	6a								
b	Exempt foreign organizations - tax withheld at source	6b]	}			
C	Tax paid with application for extension of time to file (Form 8868)	6c								
d	Backup withholding erroneously withheld	6d	1]	Ì			
7	Total credits and payments. Add lines 6a through 6d					7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach	ied				8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				•	9	<u> </u>			7.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			,	•	10				
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax				Refunded 🛌	11				
Pa	rt VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislat	tion o	or d	lid it participa	te or intervene	ពា			Yes	No
	any political campaign?							_1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	s (see	e ın	structions fo	r definition)?			_1b_		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and of	соріє	es c	of any mate	rıals publishe	ed or				
	distributed by the foundation in connection with the activities.							1		
C	Did the foundation file Form 1120-POL for this year?							1c_		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ear:								
(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .										
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu	re tax	x In	nposed on fo	undation			ĺ		
	managers. ▶ \$ 0 .									
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 ins	trum	ent	t, articles of i	ncorporation,	or]]	,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes							3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	1						4a		_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?					N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							5	<u></u>	X_
	If "Yes," attach the statement required by General Instruction T								ļ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	er:						ļ		
	By language in the governing instrument, or									
	• By state legislation that effectively amends the governing instrument so that no mandatory of	direct	tion	is that confli	t with the stat	e 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?							7	X	<u></u>
	If "Yes," complete Part II, col (c), and Part XV.									
8a	Enter the states to which the foundation reports or with which it is registered (see instructions	s) >	·	NONE				}		
										ļ
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto	rney	Ge	eneral (or des	ignate)				l _	
	of each state as required by General Instruction G? If "No," attach explanation							_8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section				2(j)(5) for cal	endar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," con	mple	ete	Part XIV				9	<u> </u>	X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	listing	g the	er names and	ddresses			10	L	X

	1990-PF (2010) CAMPBELL FAMILY FOUNDATION 02-063	<u> 3398</u>		Page 5
Pa	art 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 instructions)	11		<u>X</u> _
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u> _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u> </u>	X
	Website address ► N/A			
14	The books are in care of ► SCOT CAMPBELL PRESIDENT Telephone no. ►847-8!			
	Located at ► 250 LINDEN AVE , WILMETTE, IL ZIP+4 ►6)0 <u>91</u>	<u>-28</u>	41
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			·[]
	and enter the amount of tax-exempt interest received or accrued during the year	N	<u>/A</u>	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	<u> </u>	<u>X</u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
_	the foreign country			
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.		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?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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)?	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after	ĺ		
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations]		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	1		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	١,		3.7
	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)):		}	
a	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? Yes X No			
L	If "Yes," list the years \(\bigseq \),,,,	1	[
U	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 instructions.) N/A	2b	!	
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	-20		
			ļ	
3.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
Эđ	during the year? Yes X No			
	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after	1		
U	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		l	
	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,	1		
	Form 4720, to determine if the foundation had excess business holdings in 2010) N/A	3b		
A٠	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	···		
U	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b]	X
	nee not even temotou mem jooparat eorote me met aut or mo tax tear pogrammy m co to:			

orm 990-PF (2010) CAMPBELL FAMILY FOUNDAT	ION		<u>02-06333</u>	<u> </u>	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,	Ī		
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose:	s?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	or			
the prevention of cruelty to children or animals?	,,, . ,, ,		es X No	İ	j
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the excentions described i			- 1	1
section 53.4945 or in a current notice regarding disaster assistance (see instr			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check			▶	 +	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined		ĺ	
expenditure responsibility for the grant?		/A 🗀 Ye	es No		
· · · · · · · · · · · · · · · · · · ·		/A	140		}
If "Yes," attach the statement required by Regulations section 53 494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	Pay Pichining Oil		es X No		
•	navenal hanofit contract?	10	ן טאובבם מ	ch	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		-	6b	- ^-
If "Yes" to 6b, file Form 8870			(İ	
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6	es X No	. 	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	nagers, Higni	y		
List all officers, directors, trustees, foundation managers and their	compensation				
Elect an embers, an estero, a abtects, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	16	e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acc	e) Expense count, other illowances
ICOM CAMPRELL	to position	enter -0-)	compensation	4	illowalices
SCOT CAMPBELL	PRESIDENT AND	SECRETAR	¥		
250 LINDEN AVE	4 00		_	ł	^
VILMETTE , IL 60091	4.00	0.	0.	-	0.
BRUCE CAMPBELL	TREASURER			1	
.491 IVYWOOD	1 00				^
OKEMOS , MI 48864	1.00	0.	0.	-	<u> </u>
ELLEN COOPER	VICE PRESIDEN	(T,	Į		
05 WATKINS CIRCLE					•
ROCKVILLE , MD 20850	1.00	0.	0.	-	0.
	4			1	
	_				
	N. I. al. a. Co. at 16 a		L	<u> </u>	
Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	1 /	-) Evnance
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	e) Expense count, other
	devoted to position		compensation	a	llowances
NONE					
				ļ	
	_			1	
				<u> </u>	
	1				
				<u> </u>	
	<u> </u>				
]				
			L		
otal number of other employees paid over \$50,000			▶		0

Form 990-PF (2010) CAMPBELL FAMILY FOUNDATION (02-06333	398 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	,	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of servi	ce	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant 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		
4		
Part IX-B Summary of Program-Related Investments		
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 instructions. 3		
Total. Add lines 1 through 3	<u> </u>	0.
	Form	990-PF (2010)

12-07-10

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,291.
	Average of monthly cash balances	1b	1,291. 195,005.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	196,296.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	196,296.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,944.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	193,352.
6	Minimum investment return Enter 5% of line 5	6	9,668.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	9,668.
2a	Tax on investment income for 2010 from Part VI, line 5		
þ	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	<u> </u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,661.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	9,661.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	9,661.
P	art XII Qualifying Distributions (see 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	1,250.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,250.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,250.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for th	ne section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				9,661.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 63,517.				
b From 2006 55, 463.				
c From 2007 104,796.				
d From 2008 15,876.				
e From 2009				:
f Total of lines 3a through e	239,652.			<u> </u>
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 1,250.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			1 050
d Applied to 2010 distributable amount				1,250.
e Remaining amount distributed out of corpus	0.			0.444
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	8,411.			8,411.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	231,241.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
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)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	55,106.			
9 Excess distributions carryover to 2011	455 405			
Subtract lines 7 and 8 from line 6a	176,135.			
10 Analysis of line 9	}			
a Excess from 2006 55, 463.				
b Excess from 2007 104,796.				
c Excess from 2008 15,876.				
d Excess from 2009				
e Excess from 2010	<u></u>		L	Form 990-DF (2010)

Part XIV Private Operating F	L FAMILY FU		I.A. question (I)	02-00.	33336 Tage 10	
			i-A, question 9)	N/A		
1 a If the foundation has received a ruling o						
foundation, and the ruling is effective fo		=		14040(1)(2) 05 1 140	40(1)(5)	
b Check box to indicate whether the found		ig roundation described	Prior 3 years	4942(j)(3) or 494	42(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year (a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total	
income from Part I or the minimum	(4) 2010	(0) 2003	(0) 2000	(0) 2007	(0) 10(0)	
investment return from Part X for						
each year listed			 			
b 85% of line 2a	<u></u>					
c Qualifying distributions from Part XII,						
line 4 for each year listed			 	 		
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities			 			
e Qualifying distributions made directly						
for active conduct of exempt activities.				1		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			 			
alternative test relied upon:						
a "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 investment return						
shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:						
(1) Total support other than gross	ı					
investment income (interest,						
dividends, rents, payments on securities loans (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 support from		-				
an exempt organization						
(4) Gross investment income						
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	re in assets	
at any time during t	he year-see the i	nstructions.)				
1 Information Regarding Foundatio	-					
a List any managers of the foundation wh year (but only if they have contributed n			tributions received by th	e foundation before the clos	e of any tax	
	iore man 40,000). (See 5	sciion 507(u)(2).)				
NONE b List any managers of the foundation who	own 10% or more of th	e stock of a corneration	/or an equally large port	tion of the Ownership of a na	urtnership or	
other entity) of which the foundation has	s a 10% or greater interes	t.	to an oqually large por	non or the ownership of a pa	a diorottip of	
NONE						
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:			
Check here 🕨 🗓 if the foundation o						
the foundation makes gifts, grants, etc.	see instructions) to indiv	iduals or organizations i	under other conditions,	complete items 2a, b, c, and	<u>d</u>	
a The name, address, and telephone number	er of the person to whor	n applications should be	addressed:			
						
b The form in which applications should b	e submitted and informat	ion and materials they s	nould include: 			
c Any submission deadlines:						
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields	, kınds of ınstitutions, oi	other factors:		

Part XV Supplementary Information	` · _ · · · · · · · · _ · · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · · _ · _ · · _ · · _ · · _ · · · _ ·		·· ···································	
3 Grants and Contributions Paid During the Ye		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
UNITARIAN CHURCH OF EVANSTON 1330 RIDGE AVENUE		PUBLIC CHARITY	FURTHER THE ORGANIZATION'S EXEMPT PURPOSES	500.
EVANSTON, IL 60201			PURPUSES	
THE ROTARY FOUNDATION 1560 SHERMAN AVENUE		PUBLIC CHARITY	FURTHER THE ORGANIZATION'S EXEMPT	750.
EVANSTON, IL 60201			PURPOSES	
Tabel			20	1,250.
Total b Approved for future payment			<u>▶ 3a</u>	1,250.
NONE				
Total			▶ 3b	0.

Part XV	I-A	Analysis (of Income-	Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ided by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C)	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c					
d					
e					
f		-			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		_			
4 Dividends and interest from securities			14	369.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					-
property					
7 Other investment income		· · · ·			
8 Gain or (loss) from sales of assets other					
than inventory			ļ		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		369.	0. 369.
13 Total. Add line 12, columns (b), (d), and (e)				13	369.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	omplishment of Ex	emp	t Purposes	
Total on only of Addition to					
Line No Explain below how each activity for which incom			contril	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than b	y providing fu	nds for such purposes).			
			_		
					
			_		
			_		
					
			_		
			_		

(847)358-1170

Firm's EIN

Phone no.

Preparer

Use Only

Firm's name ► BIK & CO,

Firm's address ▶ 625 N NORTH COURT,

PALATINE, IL 60067-8148

Schedule B (Farm 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization

Employer identification number

C	AMPBELL FAMILY FOUNDATION	02-0633398						
Organization type (check	one)							
Filers of:	Filers of: Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions						
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in plete Parts I and II	money or property) from any one						
Special Rules								
509(a)(1) and 170	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 II							
aggregate contrib	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							
contributions for If this box is chec purpose. Do not d	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 <i>exclusively</i> 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 <i>exclusively</i> 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.							
	that is not covered by the General Rule and/or the Special Rules does not file Schedulen Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on lin							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

CAMPBELL FAMILY FOUNDATION

02-0633398

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF MALCOLM CAMPBELL 3770 RIDGE PIKE COLLEGEVILLE, PA 19426	\$\$ <u>39,513.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)

Page

of Part II

Name of organization

Employer identification number

CAMPBELL FAMILY FOUNDATION

02-0633398

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-arti			
-			
-		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-		\$	
(a) No.	<i>n</i> .>	(c)	(d)
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	Date received
-			
-		\$	
453 12-23-10			990, 990-EZ, or 990-PF) (

	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
n) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	**

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

FORM 990-PF DIVIDEN	OS AND	INTER	EST FRO	M SECUI	RITIES	STATEMENT	1
SOURCE				ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT 369.		
WACHOVIA SECURITIES			369.				0.
TOTAL TO FM 990-PF, PART I, 1	LN 4		369	•	0.	36	9.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE			VEST-		(D) CHARITAB E PURPOSE	
ACCOUNTING/LEGAL FEES FEES		1,000.		0.			0.
TO FORM 990-PF, PG 1, LN 16B		1,000.		0.			0.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		VEST-		(D) CHARITAB E PURPOSE	
FEDERAL EXCISE TAX		8.		0.			0.
TO FORM 990-PF, PG 1, LN 18		8.		0.			0.

18

Form 0000 /Dev. 1 0011)					D 0		
Form 8868 (Rev 1·2011) ■ If you are filing for an Additional (Not Automatic) 3-Month	Evtension	complete only Part II and check this b			Page 2 ► X		
Note. Only complete Part II if you have already been granted a				9969			
 If you are filing for an Automatic 3-Month Extension, com 		•	i i Oiiii	0000			
Part II Additional (Not Automatic) 3-Month			conies i	needed)			
Name of exempt organization	- Exteriore	The state of the s	T -		fication number		
Type or			Linb	ioyer identi	noation namber		
print CAMPRELL FAMILY FOUNDATION	CAMPBELL FAMILY FOUNDATION						
ile by the	by the Number attent and some available if a D.O. hey accurate strong						
date for 250 LINDEN AVENUE							
eturn See City, town or post office, state, and ZIP code For	a foreign add	tress see instructions					
wilmette, il 60091	a roroigir dat	noco, oco menacione					
Madata Table 1							
Enter the Return code for the return that this application is for	ffile a senara	te application for each return)			0 4		
and the field in edge for the folding that the approach for the	(iiio a copaio	ac application for oder retain,			<u> </u>		
Application	Return	Application			Return		
s For	Code	Is For			Code		
Form 990	01	1010					
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	03	Form 4720			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870	12				
STOP! Do not complete Part II if you were not already gran	ted an autor		ıslv file	d Form 886			
SCOT CAMPBELL							
The books are in the care of ▶ 250 LINDEN AV			341				
Telephone No ► 847-853-9335		FAX No ▶					
If the organization does not have an office or place of busin	- ness in the Ur	nited States, check this box					
If this is for a Group Return, enter the organization's four di			ns is fo	r the whole	group, check this		
lf it is for part of the group, check this box ▶					-		
4 I request an additional 3-month extension of time until							
5 For calendar year 2010, or other tax year beginning		, and ending					
6 If the tax year entered in line 5 is for less than 12 month	s, check reas	on Initial return	Final r	eturn			
Change in accounting period							
7 State in detail why you need the extension							
THE TAXPAYER REQUESTS ADDITI	ONAL T	IME TO GATHER THE IN	<u>IFOR</u>	MATION	ſ <u></u> _		
NECESSARY TO FILE A COMPLETE	AND A	CCURATE RETURN					
				, <u>-</u>			
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	20, or 6069, e	nter the tentative tax, less any]				
nonrefundable credits See instructions			_8a	\$	0 <u>.</u>		
b If this application is for Form 990-PF, 990-T, 4720, or 60	69, enter any	refundable credits and estimated					
tax payments made Include any prior year overpaymen	t allowed as a	a credit and any amount paid	<u> </u>				
previously with Form 8868			8b	\$	0.		
c Balance due. Subtract line 8b from line 8a Include your	r payment wit	h this form, if required, by using	ł				
EFTPS (Electronic Federal Tax Payment System) See in			8c	\$	0.		
_		d Verification					
Inder penalties of perjury, I declare that I have examined this form, in i is true, correct, and complete, and that I am authorized to prepare th	cluding accomp is form.	panying schedules and statements, and to th	e best o	f my knowled	lge and belief,		
Signature Title	► PRESI	DENT	Date	•			
							