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Form 2990-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.

OMB No 1545-0052 2010

For calendar year 2010, or tax year beginning and ending G Check all that apply: Initial return Initial return of a former public charity Final return Address change Amended return Name change A Employer identification number Name of foundation JAMES & ABIGAIL CAMPBELL FAMILY 99-0203078 FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG200 808-674-6674 City or town, state, and ZIP code C If exemption application is pending, check here 96707 KAPOLEI, HI 1. Foreign organizations, check here Foreign organizations meeting the 85% test check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: | X | Cash under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination 19,672,408 . (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (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)) expenses per books income income 794,952. N/A Contributions, gifts, grants, etc., received 2 Check In the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 164. 164 STATEMENT 339,128. 339,128. STATEMENT 4 Dividends and interest from securities 5a Gross rents N b Net rental income or (loss) 1,309,738 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 4,798,971. 1,309,738 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital game EIVED
9 Income modifications
10a Gross sales less refurns and allowances. Less Cost of 9 Ö c Gross profit or (loss) <**4**,795.b <4.795.b STATEMENT 11 Other income Total Add lines 1 through 15 N. 2,439,187 1,644,235 0. 13 Compensation of officers, directors, trustees, etc 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 16,533. 0. 0. **b** Accounting fees STMT STMT 5 142,889. 142,889. 0. c Other professional fees 45,992. 45,992 Operating and Administrative 17 Interest 26,923. STMT 6 18 Taxes 0 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 86,871. STMT 7 86,871 0 23 Other expenses 24 Total operating and administrative 86,871. 319,208 expenses Add lines 13 through 23 188,881 25 Contributions, gifts, grants paid 520,000 520,000. 26 Total expenses and disbursements. 839,208 188,881 606,871. Add lines 24 and 25 27 Subtract line 26 from line 12. 1,599,979. a Excess of revenue over expenses and disbursements 1,455,354 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

Form 990-PF (2010) FOUNDATION			99-0203078 Page 2					
P	Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End o				
Ė		column should be for end-or-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	831,102.	1,110,866.	<u>1,110,866.</u>			
	ı	Savings and temporary cash investments						
	3	Accounts receivable ►						
		Less: allowance for doubtful accounts ▶						
	4	Pledges receivable ►						
		Less; allowance for doubtful accounts						
	_	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons						
	7	Other notes and loans receivable	~					
		Less: allowance for doubtful accounts						
ts	1 -	Inventories for sale or use						
Assets		Prepaid expenses and deferred charges						
⋖	ı	Investments - U.S. and state government obligations						
	b	Investments - corporate stock STMT 9	5,173,628.	5,700,975.	<u>5,700,975.</u>			
	C	Investments - corporate bonds STMT 10	4,193,129.	3,659,148.	3,659,148.			
	11	Investments - land, buildings, and equipment basis	-	٠	70 T			
		Less accumulated depreciation						
	12	Investments - mortgage loans						
	13	Investments - other STMT 11	7,203,847.	9,179,794.	9,179,794.			
	14	Land, buildings, and equipment: basis	. a-	-	<u>~</u>			
		Less accumulated depreciation						
	15	Other assets (describe ► STATEMENT 12)	89,282.	21,625.	21,625.			
			15 400 000	10 570 100	10 670 100			
_	$\overline{}$	Total assets (to be completed by all filers)	17,490,988.	19,672,408.	19,672,408.			
	l	Accounts payable and accrued expenses						
	18	Grants payable						
Liabilities	19	Deferred revenue						
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons						
Lia	21	Mortgages and other notes payable Other liabilities (describe ▶)		*				
	22	Other habilities (describe						
	23	Total liabilities (add lines 17 through 22)	0.	0.				
_	25	Foundations that follow SFAS 117, check here						
		and complete lines 24 through 26 and lines 30 and 31			,			
es	24	Unrestricted						
au	25	Temporarily restricted						
Bal	26	Permanently restricted	-	-				
Fund Balances		Foundations that do not follow SFAS 117, check here						
		and complete lines 27 through 31.			,			
s or	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.				
As	29	Retained earnings, accumulated income, endowment, or other funds	17,490,988.	19,672,408.				
Net Assets	30	Total net assets or fund balances	17,490,988.	19,672,408.	-			
_	31	Total liabilities and net assets/fund balances	17,490,988.	<u> 19,672,408.</u>				
F	art	Analysis of Changes in Net Assets or Fund B	alances					
=			20					
1		I net assets or fund balances at beginning of year - Part II, column (a), line	JU		17,490,988.			
•		st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a	- •	1 2	1,599,979.			
2		r increases not included in line 2 (itemize)	SEE ST	ATEMENT 8 3	581,441.			
4		lines 1, 2, and 3	<u> </u>	ATEMENT 6 3	19,672,408.			
5		reases not included in line 2 (itemize)		5	0.			
6		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	19,672,408.			

Form **990-PF** (2010)

Form 990-PF (2010) FOUNDATION 99-0203078 Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) 1a SEE ATTACHED STATEMENT h C d (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) d 4,798,971 3,489,233 1,309,738. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 Losses (from col. (h)) over col. (j), if any as of 12/31/69 a C d <u>1,309,738.</u> е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2 1,309,738. If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets 687,755 15,005,798 .045833 2009 737,964. 16,258,353 .045390 2008 704,028. 14,560,618. .048352 2007 777,307. 15,901,447. 2006 .048883 14,150,995 944,498. .066744 2005 2 Total of line 1, column (d) 2 .255202 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 .051040 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 18,682,995. 4 953,580. Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) <u>14,554.</u> 6 968,134. 7 Add lines 5 and 6 606,871. 8 Enter qualifying distributions from Part XII, line 4 8 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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)	_	n 990-PF (2010) FOUNDATION	99-	02030	<u>78</u>		Page 4
Date of fulling or determination letter: [atack copy of letter in necessary-see instructions) of Part I, line 27b of Part I, line 12c, ob. (b). 2	_		4948	- see ins	truc	tion	ıs)
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ and enter 1% of Part I, line 127, col. (b). 2 Tax under section 511 (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter -0-) 2 Tax under section 511 (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter -0-) 3 3 29,107. 4 Sublibite A (income) bax (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter -0-) 5 Creditic Payments: 2 2010 estimated tax payments and 2009 overpayment credited to 2010 5 Exempt foreign organizations - tax withhold at source 6 1 Tax paad with application for extension of time to the (Form 8868) 6 Exempt foreign organizations - tax withhold at source 6 1 Tax pand with application for extension of time to the (Form 8868) 6 Exempt foreign organizations of time to the (Form 8868) 6 Extension organizations of the time of the Common to time to the (Form 8868) 7 Total credits and payments. Add lines 5a intropy withhold organizations of the total of time 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of time 5 and 8 is more than line 7, enter amount owed 10 Coverpayment line 7 is more than the total of lines 5a did, enter the amount of time to the 5a did 8 is more than line 7, enter amount owed 10 Coverpayment line 7 is more than the total of lines 5a did, enter the amount of line 10 to the 5c dedited to 2011 estimated tax ▶ 17, 32.2 Refunded ▶ 11 0.7, 32.2. 11 Enter the amount of line 10 to the 5c dedited to 2011 estimated tax ▶ 17, 32.2 Refunded ▶ 11 0.7, 32.2. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or influence or influence any national, state, or local legislation or did it participate or influence or influence any national, state, or local legislation or did it participated or influence or time the statement or properties or time to influence or influence any national, state, or local legislation	1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
of Part I, line 27b. c All other domestic foundations enter 27k of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) fruits and taxable foundations only. Others enter -0-) 3 3 29, 107. 3 3 29, 107. 5 Subtite A (Income) bax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Exempt foreign organizations: tax withheld at source 6 Bax 4. 6 Exempt foreign organizations: tax withheld at source 7 Total credits and synamets. Add lines 5 and 6, enter the amount owed 8 Bax 4. 1 Total credits and synamets. Add lines 5 and 6, enter the amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 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 6, enter the amount overpaid 10 Overpayment If line 7 is more than 150 during the year (either directly or inderectly) for political egislation or did it participate or intervene in any political campaign? 10 Dud it spend more than 5100 during the year (either directly or inderectly) for political egislation or did it participate or intervene in any political campaign? 10 Dud it spend more than 5100 during the year (either directly or inderectly) for political egislation or did it participate or intervene in a fine or the substituted by the foundation file form 112-9. If the substitute is a fine or 10 is a substitute			ľ				
All other domestic foundations enter 2% of the 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and tizable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subtille A (income) tax (domestic section 4947(a)(1) trusts and tizable foundations only. Others enter -0-) 5 Tax based on investment income Subtract line 4 from line 3. It zero or less, enter -0- 6 Credis/Payments: 8 29 , 10 7. 6 Credis/Payments: 8 29 10 estimated tax payments and 2009 overpayment credded to 2010 9 Evernpt foreign organizations - tax withheld at source 10 Evernpt foreign organizations - tax withheld at source 11 Evernpt foreign organizations - tax withheld at source 12 Eater any pearty for underpayment of estimated but X. Check here ☐ if Form 2220 is attached 13 Eater any pearty for underpayment of estimated but X. Check here ☐ if Form 2220 is attached 14 Eater any pearty for underpayment of estimated but X. Check here ☐ if Form 2220 is attached 15 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount overpaid 16 Eater any pearty for underpayment of estimated but X. Check here ☐ if Form 2220 is attached 17 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount overpaid 18 Eater any pearty for underpayment of line 0 to bis Credited by 2011 estimated tax X. Part VIII-A Statements Regarding Activities 19 Eater tax peared in the 10 bis Credited by 2011 estimated tax X. Part VIII-A Statements Regarding Activities 10 Lines for the similar in 120 Outring the year (etheroly or political purposes (see instructions for definition)? 11 Eater the amount of any) of tax on political expenditures are openitures and copies of any materials published or distributed by the foundation attempt to influence any national, state, or local legislation or did in participate or intervene in any political campaignt. 12 Eater the amount of any) of tax on political e	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 📖 and enter 1%	1		29	1,1	<u>07.</u>
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 42 9, 107. 4 Subtite A (mome) bix (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment lineome. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment lineome. Subtract line 4 from line 3. If zero or less, enter -0- 5 29, 107. 5 Tax based on investment lineome. Subtract line 4 from line 3. If zero or less, enter -0- 5 29, 107. 6 Total crotics and payments. Add on the 4 from line 3. If zero or less, enter -0- 6 Beampt foreign organizations - tax withheld at source 6 Bis 4. 6 Tax pand with application for extression of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total crotics and payments. Add lines 8a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount overpaid 10 Overpayment If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 Overpayment If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 11 To 7, 322 Refunded 11 11 To 7, 322. 12 Refunded 11 12 During the tax year, did the foundation attempt to influence any national, state, or local legistation or did it participate or intervien in any political campaign? 10 During the tax year, did the foundation attempt to influence any national, state, or local legistation or did it participate or intervien in the arrow in the year (either directly) or indirectly) for political purposes (see instructions for definition)? 11 To 7, 322. 12 Refunded 11 12 To 7, 322. 13 Refunded 11 14 To 7, 322. 14 Refunded 11 15 To 7, 322. 15 Refunded 11 16 To 7, 322. 16 Refunded 11 17 To 7, 322. 18 Refunded 11 17 To 7, 322. 18 Refunded 11 18 Refunded 11 19 To 7, 322. 19 Refunded 11 10 To 7, 322. 10 To 7, 32 To		of Part I, line 27b					
3	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		ļ			
Subtitle A (income) bax (domestic section 4947(a)(1) trusts and baxable foundations only. Others enter-0-) 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter-0-6 6 Credits/Payments: a 2010 setimated bax payments and 2009 overpayment credited to 2010 6 Baxchup not organizations: - tax withheld at source 6 Bax 13,960. 8 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Editer any penalty for underpayment of estimated bax. Check here ☐ if Form 2220 is attached 8 Editer any penalty for underpayment of estimated bax. Check here ☐ if Form 2220 is attached 9 Total credits and payments. Add lines 6a through 6d 8 Editer any penalty for underpayment of estimated bax. Check here ☐ if Form 2220 is attached 9 Total credits and payments. Add lines 6a through 6d 8 Editer any penalty for underpayment of estimated bax. Check here ☐ if Form 2220 is attached 9 Total credits and payments. Add lines 6a through 6d 8 Editer any penalty for underpayment of estimated bax. Check here ☐ if Form 2220 is attached 9 Total credits and payments. Add lines 6a through 6d 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Total credits and payments. Add lines 6a through 6d 11 Total credits and payments. Add lines 6a through 6d 12 Total credits and payments. Add lines 6a through 6d 13 Total credits and payments. Add lines 6a through 6d 14 Total credits and payments. Add lines 6a through 6d 15 Total credits and payments. Add lines 6a through 6d 16 Total credits and payments. Add lines 6a through 6d 17 Total credits and payments. Add lines 6a through 6d 18 Total credits and payments. Add lines 6a through 6d 19 Total credits and payments. Add lines 6a through 6d 10 Total credits and payments. Add lines 6a through 6d 11 Total credits and payments. Add lines 6a through 6d 12 Total credits and payments. Add	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				
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6 Credits/Payments: a 2010 estimated tax payments and 2009 overpayment credited to 2010 be Exempt foreign organizations - bax withheld at source c Tax paid with application for extension of time to file (Form 8868) be Exempt foreign organizations - bax withheld at source c Tax paid with application for extension of time to file (Form 8868) be Exempt foreign organizations - bax withheld at source d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 6d 11. 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 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 11 During the tax year, did the foundation faller fore. Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of line 10 to be Credited to 2011 testimated tax. Payment of the Credited tax. Payment of the	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
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E Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 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 owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 During the 10 to be; Credited to 2011 estimated tax ► 17 , 322 · Refunded ► 11 0 0 · Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is *Yes* to 1a or 1b, attach a detailed description of the activities and the activities of the foundation in Ferrin 1120-POL for this year? 1c Did the foundation in Ferrin 1120-POL for this year? 1c Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 . 2 (2) On roundation managers. ► \$ 0 . 2 Extent the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation, or bylaws, or other similar instruments? If *Yes,*	а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 13,960	•				
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 8a through 6d 8 Total credits and payments. Add lines 8a through 6d 8 Total credits and payments. Add lines 8a through 6d 8 Total credits and peanlity for underpayment of estimated tax. Check here	b		<u> </u>				
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 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? 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 Enter the states to which the foundation reports or with which it is registered (see instructions) HI 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 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)? If "Yes," complete Part XIV 		If "Yes," attach the statement required by General Instruction T					
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remain in the governing instrument? 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 8a Enter the states to which the foundation reports or with which it is registered (see instructions) HI 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 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)? If "Yes," complete Part XIV 9 X		By language in the governing instrument, or		ľ			. 1
7 X 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) ▶ HI 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 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)? If "Yes," complete Part XIV 9 X		• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st	ate law	ļ:			
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) HI 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 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)? If "Yes," complete Part XIV 9 X		remain in the governing instrument?			6	Х	
Ba Enter the states to which the foundation reports or with which it is registered (see instructions) HI 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 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)? If "Yes," complete Part XIV 9 X	7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
HI 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 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)? If "Yes," complete Part XIV 9 X		If "Yes," complete Part II, col (c), and Part XV					
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 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)? If "Yes," complete Part XIV 9 X	88	Enter the states to which the foundation reports or with which it is registered (see instructions)					
of each state as required by General Instruction G? If "No," attach explanation 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)? If "Yes," complete Part XIV 9 X		HI				İ	ĺ
of each state as required by General Instruction G? If "No," attach explanation 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)? If "Yes," complete Part XIV 9 X	ı	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		of each state as required by General Instruction G? If "No," attach explanation		[8	3b	X	
	9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	alendar		T		<u>_</u>
					9		X
	10				10		

orm	990-PF (2010) FOUNDATION 99-020	3078	- 1	Page 5
Pa	rt 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	l	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► HTTP://WWW.CAMPBELLFAMILYFOUNDATION.ORG/			
14	The books are in care of ► KEOLA LLOYD Telephone no. ►808-6	74-6	674	
17	Located at ► 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 ZIP+4 ►9		<u> </u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<u> </u>		$\overline{\Box}$
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ш
10	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
10			163	
	securities, or other financial account in a foreign country?	16		<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			
Da	the foreign country▶ rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<u>j</u>	
Га		1	V	Al-
	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?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		İ	
	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			
	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)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
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	į į	İ	
	before the first day of the tax year beginning in 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
-	before 2010?			
	If "Yes," list the years			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	İ		
-	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.)	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		
·				
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja	· · · · · · · · · · · · · · · · · · ·			
	during the year? Yes X No			
D	of "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2010) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		_X

Form 990-PF (2010) FOUNDATION			<u>99-02030</u>	78 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	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			es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	· · · · · · · · · · · · · · · · · · ·		
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
the prevention of cruelty to children or animals?		Y6	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?	-	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		
expenditure responsibility for the grant?	Ŋ	√I/A 🔲 Υε	es Do	
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	pay premiums on			
a personal benefit contract?	•	☐ Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	heiter transaction?	☐ Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			,_	7b
Information About Officers Directors Truct		nagers. Highly		
Part VIII Paid Employees, and Contractors	,			
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	nours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
	· · · · · · · · · · · · · · · · · · ·	,	·	
·				
SEE STATEMENT 13		0.	0.	0.
14.7 (12.14)				
i i				
				-
· · · · · · · · · · · · · · · · · · ·				
				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u> </u>	<u> </u>
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other allowances
NONE	devoted to position	 	compensation	allowalices
NONE				
		 		
	1			
		 	 	
	1			
		 	 -	
		-		
			ļ	
	-	1		
	l		<u> </u>	<u> </u>
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·		<u> </u>	0
			Form	990-PF (2010)

Form 990-PF (2010) FOUNDATION	99-(0203078 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	iter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CAMBRIDGE ASSOCIATES LLC		
100 SUMMER STREET, BOSTON, MA 02110-2112	CONSULTING	86,760.
		
Total number of others receiving over \$50,000 for professional services	<u> </u>	<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant standard of organizations and other beneficiaries served, conferences convened, research papers p		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	on lines 1 and 0	Amount
Describe the two largest program-related investments made by the foundation during the tax year $1 N/A$	on lines 1 and 2.	Amount
1 11/11		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

0 . Form **990-PF** (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)
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 securities	1a	18,646,754.
	Average of monthly cash balances	1b	320,754.
	Fair market value of all other assets	1c	······
	Total (add lines 1a, b, and c)	1d	18,967,508.
	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	18,967,508.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	284,513.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	18,682,995.
6	Minimum investment return. Enter 5% of line 5	6	934,150.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certan	n
1	Minimum investment return from Part X, line 6	1	934,150.
2a	Tax on investment income for 2010 from Part VI, line 5 29, 107.		-
b	Tax on investment income for 2010 from Part VI, line 5 Income tax for 2010. (This does not include the tax from Part VI.) 2a 29,107. 2b 4,699.		
C	Add lines 2a and 2b	2c	33,806.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	900,344.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	900,344.
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	900,344.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	606,871.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	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	606,871.
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	606,871.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (qualifies	for the section

Form **990-PF** (2010)

Page 9

> / 111	الممدر بطائعة والمصا	Incomo	(see instructions)
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	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	·			
line 7				900,344.
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 250,113.				
b From 2006 269,811. c From 2007 79,059.				
c From 2007 d From 2008				•
e From 2009				
f Total of lines 3a through e	598,983.			
4 Qualifying distributions for 2010 from	3307303.		· · ·	
Part XII, line 4: ▶\$ 606,871.				
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.			
d Applied to 2010 distributable amount				606,871.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010	293,473.			293,473.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	305,510.			
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		0.		
amount - see instructions e Undistributed income for 2009. Subtract line		0.		, , , , , , , , , , , , , , , , , , , ,
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract		٠.,		
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	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	305,510.			
10 Analysis of line 9:				
a Excess from 2006 226, 451.				
b Excess from 2007 79,059.				
c Excess from 2008				
d Excess from 2009	İ			
e Excess from 2010		<u> </u>	<u> </u>	Form 990-PF (2010)

Form 990-PF (2010) FOUNDAT				99-02	203078 Page 10
Part XIV Private Operating Fe	oundations (see in	nstructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective for	2010, enter the date of	the ruling	•		
b Check box to indicate whether the found	lation is a private operat	ing foundation described	in section	4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
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.					
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 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)			· · · · · ·	<u> </u>	<u> </u>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<u> </u>
Part XV Supplementary Info			if the foundation	on had \$5,000 or m	ore in assets
at any time during t	ne year-see the	instructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who			tributions received by t	he foundation before the cl	ose of any tax
year (but only if they have contributed in	nore than \$5,000). (See	section 507(d)(2).)			
SEE STATEMENT 14					
b List any managers of the foundation wh			(or an equally large por	rtion of the ownership of a	partnership or
other entity) of which the foundation has	s a 10% or greater inter	est		^	
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loar	n, Scholarship, etc., F	rograms:		
Check here 🕨 🔛 if the foundation o	nly makes contributions	to preselected charitable	organizations and does	s not accept unsolicited rec	quests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to ind	ividuals or organizations	under other conditions,	complete items 2a, b, c, ar	nd d.
a The name, address, and telephone num	ber of the person to who	om applications should b	e addressed:		
SEE STATEMENT 15					
b The form in which applications should b	e submitted and inform	ation and materials they	should include.		
		ation and materials also t		****	-
c Any submission deadlines:		-			
d Any restrictions or limitations on awards	s, such as by geographi	cal areas, charitable fields	s, kinds of institutions, o	or other factors:	

Form 990-PF (2010)

FOUNDATION

99-0203078 Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of recipient Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year SEE STATEMENT 16 520,000. ▶ 3a Total b Approved for future payment NONE MALAMA LEARNING CENTER 50,000. OTHER CAPITAL CAMPAIGN P.O. BOX 75467 KAPOLEI, PUBLIC HI 96707 CHARITY FAMILY PROGRAMS HAWAII 40,000. NONE OTHER HO'OMALU O NA KAMALI'I 680 ALA MOANA BLVD., STE. PUBLIC PROGRAM 200 HONOLULU, HI 96813 CHARITY 100,000. NONE HAWAII METH PROJECT OTHER DUTREACH PROGRAM TO 999 BISHOP ST. 24TH FLOOR PUBLIC WEST O'AHU HONOLULU, HI 96813 CHARITY 190,000. **▶** 3b Total

					1-1
er gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
Program service revenue:	code		code	Amount	
	_	 .			
	_				
			- - -		
	!				
	-				
Fees and contracts from government agencies			 		
Membership dues and assessments			 	- <u>-</u> - ·	
nterest on savings and temporary cash					
nvestments			14	164.	
Dividends and interest from securities		···	14	339,128.	
Net rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property		·			
Net rental income or (loss) from personal		·		-	
property					
Other investment income			14	<4,795.	>
Gain or (loss) from sales of assets other				-	
han inventory			18	1,309,738.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
ı					
)					
<u> </u>				-	
·					
Subtotal. Add columns (b), (d), and (e)		().	1,644,235.	
Fotal Add line 12, columns (b), (d), and (e)				13	1,644,23
e worksheet in line 13 instructions to verify calculations.	.)				<u>.</u>
Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	ncome is reported in c	column (e) of Part XV	'I-A contribut		iplishment of

Earm 000.		DATION	LL CAMP	DETT LWHITI		00 020	12070	ο.	40
Part X			efore To a	and Transactions a	and Balai	99-020 tionships With Nonch			age 13
T GI C J	Exempt Organ		131613 10 6	illa Hallsactions a	illu neia	donampa with Noncil	aritabit	=	
1 Did :	the organization directly or indi		of the followin	a with any other organization	on decembed	in contion E01(a) of	-	Yes	No
	Code (other than section 501(c					in section 50 i(c) of		163	140
	·				iizations?				
	sfers from the reporting found	iation to a noncharita	ibie exempt org	ganization of:			1		
	Cash						1a(1)		X
	Other assets		-				1a(2)		X
-	r transactions:								
	Sales of assets to a noncharita	· -	-				1b(1)		X
(2)	Purchases of assets from a no	oncharitable exempt	organization				1b(2)		X
(3)	Rental of facilities, equipment,	, or other assets					1b(3)		X
(4)	Reimbursement arrangements	S					1b(4)		X
(5)	Loans or loan guarantees						1b(5)		X
(6)	Performance of services or me	embership or fundrai	ısıng solicitatio	ns			1b(6)		X
c Shar	ing of facilities, equipment, ma	ailing lists, other asse	ets, or paid em	ployees			1c		X
d If the	answer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should alv	ways show th	e fair market value of the goods	, other ass	ets.	
						saction or sharing arrangement,		·	
	mn (d) the value of the goods,				·				
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable	exempt organization	(d) De	scription of transfers, transactions, an	d sharing ar	rangeme	ents
-1		 	N/A						
		<u> </u>				· · · · · · · · · · · · · · · · · · ·			
		 				-			
		· ·-							
	-	 	• • • • • • • • • • • • • • • • • • • •			···			
	 	 	- • • • • • • • • • • • • • • • • • • •						
									
	 	 							
									
						·			
			 						
2a Is th	e foundation directly or indirec	ctly affiliated with, or	related to, one	or more tax-exempt organi	zations desc	ribed			
ın se	ection 501(c) of the Code (othe	er than section 501(c	(3)) or in sect	tion 527?			Yes	X	□ No
b If "Y	es," complete the following sch	nedule.							
	(a) Name of or	ganization		(b) Type of organization		(c) Description of relation	iship		
	N/A	-,-							
	ι								
	Under penalties of perjury, I declar	re that I have examined t	this return, includ	ing accompanying schedules an	d statements,	and to the best of my knowledge and i	pelief, it is tr	ue, corre	ect,
Sign	and complete Declaration of per								
Here	x ' (), ka	L 111-		11/15/	11	Grants Manager	•		
	Signature of officer or tr	rustee		Date		Title			
	Print/Type preparer's n	name	Preparer's s		Date	Check If PTIN			

808-521-3962

Form **990-PF** (2010)

self- employed

Phone no.

|11/09/11|

Paid

Preparer

Use Only

GUY S. NISHIHIRA

Firm's address ▶ 745 FORT ST STE 1915

HONOLULU, HI 96813

Firm's name ► KOBAYASHI KANETOKU DOI LUM & YASUDA CPA Firm's EIN ►

Schedule B (Form 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

JAMES & ABIGAIL CAMPBELL FAMILY
FOUNDATION

Employer identification number

99-0203078

Organization type (check one)				
Filers of	:	Section:		
Form 99	0 or 990-EZ	501(c)() (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	0-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		
	-	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions		
General	Rule			
X	For an organization contributor Compl	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.		
Special	Rules			
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections c)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II		
	aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, itions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III		
	contributions for us If this box is check purpose Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. sed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year		
but it mi	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

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)

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

99-0203078

Employer identification number

Part I Contributors (see instructions)

		 	
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALICE L. GUILD 1998 DECLARATION OF TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$19,429.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
	(L)	(2)	/-/\
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	BEATRICE C MCKINNEY C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$5,000.	Person X 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
3	CYNTHIA C. FOSTER REVOCABLE LIVING TRUST AGREEMENT C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$17,397.	Person .X 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
4	CYNTHIA K. SORENSON REVOCBALE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ <u>19,757.</u>	Person X 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
5	EDWARD K. KAWANANAKOA JR. REV. LIV. TRUST DTD 2-26-01 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ 7,411.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	FLANDERS-STAUB 2007 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ 34,207.	Person X Payroll

Name of organization

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

99-0203078

Employer identification number

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	GEORGINA J. ALLRED TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ <u>121,820.</u>	Person X 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
8	JAMES C. SHINGLE REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ 58,295.	Person X 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
9	JAMES KIMO CAMPBELL REVOCABLE TRUST DTD 1-8-2007 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$51,7 4 1.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	JAMES W. GROWNEY TRUST DTD 12-14-90 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	JONATHAN R. SUTHERLAND AND MARY C. SUTHERLAND REV. LIV. TRUS C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ <u>18,704.</u>	Person X 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
12	KAPIOLANI K. MARIGNOLI TRUST AGREEMENT DTD 9-28-89 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ 83,941.	Person X Payroll

Name of organization

JAMES & ABIGAIL CAMPBELL FAMILY
FOUNDATION

Employer identification number

99-0203078

Part I	Contributors	(see instructions)
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	· · · · · · · · · · · · · · · · · · ·		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
13	KING 2008 IRREVOCABLE TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ <u>18,769.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>14</u>	LOUISE S STEVENSON C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 MURIEL C. TANNER LIGHTER TRUST DTD	Aggregate contributions	Type of contribution
<u>15</u>	9-26-95 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ 27,998.	Person X 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
16	PAMALA DEANE KELLER C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
17	QUENTIN K. KAWANANAKOA TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$6,912.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
18	REGINA KAWANANAKOA C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200	\$\$ <u>8,398.</u>	Person X Payroll
023452 12-	KAPOLEI, HI 96707	Schodula D /Farm	990, 990-EZ, or 990-PF) (2010)

Name of organization

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

Employer identification number 99-0203078

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>19</u>	RONALD L HOOLULU OLSON C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	RUBY L MONTGOMERY C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$19,995.	Person X 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
21	SUZANNE M. AVINA REVOCABLE LIVING TRUST DTD 3-2-2000 C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$68,985.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	` ,		
No.	Name, address, and ZIP+4 WENDY B. CRABB REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200	Aggregate contributions	Person X Payroll Noncash (Complete Part II if there
No. 22	Name, address, and ZIP+4 WENDY B. CRABB REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$36,041.	Person X Payroll
(a) No.	Name, address, and ZIP+4 WENDY B. CRABB REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 (b) Name, address, and ZIP+4 ALICE K. ROBINSON C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200	\$ 36,041.	Person X Payroll
(a) No. 23	Name, address, and ZIP + 4 WENDY B. CRABB REVOCABLE LIVING TRUST C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 (b) Name, address, and ZIP + 4 ALICE K. ROBINSON C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707 (b)	\$ 36,041. (c) Aggregate contributions (c) Aggregate contributions \$ 15,000.	Person X Payroll

chedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page 5 of 5 of Part
ame` of organization	Employer identification number
ADTOATE CAMDODEL FAMTLY	

JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION

99-0203078

Part I	Contributors (see instructions)		-
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	GAYLORD WILCOX C/O JAMES CAMPBELL COMPANY LLC 1001 KAMOKILA BLVD STE. 200 KAPOLEI, HI 96707	\$ <u>21,000</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)

of Part II

Name of organization

JAMES & ABIGAIL CAMPBELL FAMILY
FOUNDATION

Employer identification number

of

99-0203078

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
		\$	
(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

	m 990, 990-EZ, or 990-PF) (2010)		Page of of Part
lame of orga	·····		Employer identification number
	& ABIGAIL CAMPBELL FAMII	LY	
OUNDA	TION		99-0203078
Part III	Exclusively religious, charitable, etc., indi- more than \$1,000 for the year. Complete of Part III, enter the total of exclusively religious \$1,000 or less for the year (Enter this inform	olumns (a) through (e) and the t , chantable, etc , contributions	n 501(c)(7), (8), or (10) organizations aggregating following line entry For organizations completing of
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(5) (6) (6) (6) (6) (6) (6) (6) ((a) Description of new girt is neta
-		(e) Transfer of gift	
_	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	-
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<u> </u>	(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee

Schedule K-1 (Form 1065)

Department of the Treasury Internal Revenue Service 2010

For calendar year 2010, or tax
year beginning ______, 2010
ending _____, 20

Partner's Share of Income, Deductions, Credits, etc. ► See back of form and separate instructions.

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 11/07/08 VARIOUS 1a PIMCO TOTAL RETURN FUND P b ABERDEEN EMERGING MARKET FUND P 12/09/0806/07/10 c DODGE & COX STOCK FUND P 11/07/08/04/20/10 d HARBOR INTERNATIONAL FUND P VARIOUS |10/26/10 e HIPPOCRATES PARTNERS L.P. P VARIOUS VARIOUS VANGUARD GROWTH INDEX FUND 11/07/08VARIOUS P g VANGUARD INFLATION PROTECTED FUND P 02/12/09/10/27/10 INFLATION PROTECTED h VANGUARD FUND P 02/12/0912/21/10 INFLATION PROTECTED FUND P 03/26/0912/21/10 | VANGUARD VANGUARD INFLATION PROTECTED FUND P VARIOUS 12/21/10 k CAPITAL GAINS DIVIDENDS m n 0 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) <u>872,500.</u> <u>807,117</u> 65,383. a 200,000. 115,976. 84,024. b 150,000. 106,298. 43,702. C 000,000. 642,130. 357,870. d 133,909. 819,184. 953,093. е 121,285. 500,000. 378,715. 12,544. 100,000. 87,456. g 512,543. 572,036. 59,493. h 308. 285 23. 20,318. 19,529. 789. 430,716. 430,716. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 65,383. a 84,024. b 43,702. d 357,870. 133,909. е 121,285. f 12,544. g 59,493. h 23. 789. 430,716. -1 m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 1,309,738. 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

FORM 990-PF INTEREST ON SAVINGS A	AND TEMPORARY C	ASH INVESTMENTS	STATEMENT 1
SOURCE			AMOUNT
BANK OF HAWAII SMITH BARNEY 512-040390-16			120. 44.
TOTAL TO FORM 990-PF, PART I, LIN	E 3, COLUMN A		164.
FORM 990-PF DIVIDENDS AND	O INTEREST FROM	SECURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
1607 CAPITAL INTL EQUITY FUND ABERDEEN EMERGING MARKET FUND DODGE & COX FUNDS FORESTER PARTNERS II, L.P. HARBOR INTERNATIONAL FUND 011 HIPPOCRATES PARTNERS, L.P. IVA INTERNATIONAL FUND NCD PARTNERS VI, L.P. PIMCO COMMODITY REAL RETURN PIMCO DEVELOPING LOCAL MARKETS PIMCO TOTAL RETURN FUND PRIMECAP ODYSSEY STOCK FUND VANGUARD ENERGY FUNDS 0551 VANGUARD GROWTH INDEX FUND VANGUARD INFLATION PROTECTED VANGUARD INT TERM TREASURY 535 TOTAL TO FM 990-PF, PART I, LN 4	8,469. 8,784. 10,566. 212,933. 17,624. 2,902. 33,282. 30,182. 67,926. 1,641. 231,202. 12,865. 61,928. 12,710. 8,207. 48,623.	5,264. 0. 0. 167,452. 0. 1,000. 28,955. 30,182. 0. 0. 134,153. 0. 41,604. 0. 0. 22,106.	3,205 8,784 10,566 45,481 17,624 1,902 4,327 0 67,926 1,641 97,049 12,865 20,324 12,710 8,207 26,517
FORM 990-PF	OTHER INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOK		
OTHER INCOME	<4,	795.> <4,795	i.>
TOTAL TO FORM 990-PF, PART I, LIN	E 11 <4,	795.> <4,795	·.>

FORM 990-PF	ACCOUNTI	NG FEES	Si	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT & TAX FEE	16,533.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	16,533.	0.		0.
FORM 990-PF C	OTHER PROFES	SIONAL FEES	Si	FATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
INVESTMENT ADVISORY FEES	142,889.	142,889.		0.
TO FORM 990-PF, PG 1, LN 16C	142,889.	142,889.		0.
FORM 990-PF	TAX	ES	Si	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
EXCISE TAX	26,923.	0.		0.
TO FORM 990-PF, PG 1, LN 18	26,923.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	FATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT AND GENERAL	86,871.	0.		86,871.
TO FORM 990-PF, PG 1, LN 23	86,871.	0.		86,871.

FORM 990-PF OTHER INCREASES IN NET	ASSETS OR FU	ND BALANCES	STATEMENT	8
DESCRIPTION			TUUOMA	
UNREALIZED GAINS ON INVESTMENTS UNREALIZED GAINS ON MARKETABLE SECURI	IITES		568,80 12,63	
TOTAL TO FORM 990-PF, PART III, LINE	3		581,44	11.
FORM 990-PF CORPO	DRATE STOCK		STATEMENT	9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	ָר
CORPORATE EQUITY SECURITIES	•	5,700,975.	5,700,97	75.
TOTAL TO FORM 990-PF, PART II, LINE	LOB	5,700,975.	5,700,97	75.
FORM 990-PF CORPO	DRATE BONDS		STATEMENT	10
DESCRIPTION		BOOK VALUE	FAIR MARKET	r
FIXED INCOME BONDS	•	2 650 140		
		3,659,148.	3,659,14	18.
TOTAL TO FORM 990-PF, PART II, LINE 1	LOC	3,659,148.	3,659,14	
TOTAL TO FORM 990-PF, PART II, LINE	LOC INVESTMENTS			
TOTAL TO FORM 990-PF, PART II, LINE			3,659,14	11
TOTAL TO FORM 990-PF, PART II, LINE 2 FORM 990-PF OTHER	INVESTMENTS VALUATION	3,659,148.	3,659,14 STATEMENT FAIR MARKET	18. 11 r
TOTAL TO FORM 990-PF, PART II, LINE 3 FORM 990-PF OTHER DESCRIPTION MUTUAL FUNDS	VALUATION METHOD FMV FMV	3,659,148. BOOK VALUE 3,764,717.	3,659,14 STATEMENT FAIR MARKET VALUE 3,764,71	11 17.

FORM 990-PF	OTHER ASSETS		STATEMENT 12	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
CONTRIBUTIONS RECEIVABLES OTHER RECEIVABLES	88,657. 625.	21,000. 625.		
TO FORM 990-PF, PART II, LINE 15	89,282.	21,625.	21,625.	
	ST OF OFFICERS, D D FOUNDATION MANA		STATEMENT 13	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- BE	IPLOYEE IN PLAN EXPENSE CONTRIB ACCOUNT	
KAPI'OLANI K. MARIGNOLI C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	PRESIDENT/DIRE	CTOR 0.	0. 0.	
WENDY B. CRABB C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	VICE PRESIDENT	'/DIRECTOR 0.	0. 0.	
JONATHAN E. STAUB C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	SECRETARY/DIRE	CTOR 0.	0. 0.	
ALICE F. GUILD C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	TREASURER/DIRE	CTOR 0.	0. 0.	
JAMES K. CAMPBELL C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	DIRECTOR	0.	0. 0.	
ALICE K. SHINGLE C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707	DIRECTOR	0.	0. 0.	

JAMES & ABIGAIL CAMPBELL FAM	ILY FOUNDATI		99-0203	078
DORNA'M. DEL ZOTTO C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200	DIRECTOR 1.00	0.	0.	0.
RICHARD J. DAHL C/O 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200	DIRECTOR	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.
	ART XV - LINE 1A F FOUNDATION MANAGERS		STATEMENT	14

NAME OF MANAGER

KAPI'OLANI K. MARIGNOLI

WENDY B. CRABB ALICE F. GUILD

JAMES K. CAMPBELL

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 15

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BOARD OF DIRECTORS, JAMES AND ABIGAIL CAMPBELL FAMILY FOUNDATION 1001 KAMOKILA BLVD. JAMES CAMPBELL BLDG. STE. 200 KAPOLEI, HI 96707

TELEPHONE NUMBER

808-674-3167

FORM AND CONTENT OF APPLICATIONS

GUIDLINES ARE POSTED ONLINE AT WWW.CAMPBELLFAMILYFOUNDATION.ORG. SEE ATTACHMENT.

ANY SUBMISSION DEADLINES

GRANT APPLICATION MUST BE POSTMARKED BY: FEB. 1 FOR THE APRIL MTG.; AUG. 1 FOR THE OCTOBER MTG.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GUIDELINES ARE POSTED ONLINE AT WWW.CAMPBELLFOUNDATION.ORG. SEE ATTACHMENT.



Grant Procedures

Application

2009 Grant Recipients

Grant Application Procedures

Policies

The Foundation will only consider requests from organizations which qualify as non-profit, tax-exempt "public charities" under Section 501(c)(3) and 170(b) of the Internal Revenue Code.

Grant Guidelines

The Foundation supports projects in the following areas.

Youth Programs that address the challenges of young people

Education Support for public schools, early childhood education and environmental stewardship.

Hawaiian Support for programs that promote values and the health and welfare of Hawaiians

Priority is given to programs located in or serving communities in the following areas of West Oahu: Ewa/Ewa Beach, Kapolei, Makakilo and the Wai'anae Coast.

The following types of requests are eligible for consideration.

- Support for special projects that are not part of an organization's ongoing operations.
- Program support when unforeseen circumstances have affected the financial base of an organization.
- Financial assistance to purchase items such as office equipment and to fund minor repairs and renovations.

The Foundation will not consider funding for individuals, endowments, sectarian or religious programs, loans, political activities or highly technical research projects.

Requests from previous grantees will be evaluated competitively with other requests Only one request per organization will ordinarily be considered in a calendar year Funds are usually not committed for more than one year at a time

Applying for a Grant

Previous grantees must submit final reports before applying for new funding. To apply for a grant, summarize the following information in a two- to three-page proposal letter.

- The nature and purpose of your organization.
- The objectives of your program. Please include the grant amount requested and the proposed use of funds.
- A brief outline on how you plan to accomplish your objectives.
- A statement of a community problem, need or opportunity that this project will address.
- The duration for which Foundation funds are needed.
- Other sources of funding currently being sought and future funding sources.
- Methods used to measure the program's effectiveness.

In addition to the proposal letter, submit a copy of the following.

- Internal Revenue Service notification of tax-exempt status
- · Most recent annual financial statement
- · List of the current Board of Directors.

• The project's proposed budget.

We require only one (1) copy of your complete grant proposal package

Written Report

If your grant is approved, the Foundation will require:

- A formal acknowledgment of receipt of the contribution.
- · A written report summarizing the outcome of the project.

Application Deadlines

Your grant application must be postmarked by: February 1 for the April/May meeting; August 1 for the October/November meeting.

Where to Send Your Grant Proposal

The Board of Directors
The James and Abigail Campbell Family Foundation
James Campbell Building, Suite 200
1001 Kamokila Boulevard
Kapolei, Hawai'i 96707

For More Information

These guidelines are also available online at this link: campbellfamilyfoundation.org

Or contact:

D. Keola Lloyd E-mail. keolal@jamescampbell.com Fax. (808) 674-3349 Phone. (808) 674-3167

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Home About Us Grant Seekers News Contact Us

Grant Procedures

Application

2009 Grant Recipients

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- A statement of community problem, need or opportunity that this project will address.
- The duration for which Foundation funds are needed
- Other sources of funding currently being sought and future funding sources.
- Methods used to measure the program's effectiveness

In addition to the proposal letter, submit a copy of the following.

- Internal Revenue Service notification of tax-exempt status.
- Most recent annual financial statement.
- List of the current Board of Directors.
- · The project's proposed budget.

We require only one(1) copy of your complete grant proposal package.

Written Report

If your grant is approved, the Campbell Family Foundation will require.

- A formal acknowledgement of receipt of the contribution.
- A written report summarizing the outcome of the project. This report must be submitted within six months from the date of the contribution.

Application Deadlines

Your grant application must be postmarked by: February 1 for the April meeting August 1 for the October meeting.

Where to Send Your Grant Proposal

Board of Directors James and Abigail Campbell Family Foundation 1001 Kamolkila Boulevard Kapolei, Hawai'i 96707

For More Information Contact

D Keola Lloyd

E-mail: keolal@jamescampbell.com

Phone (808) 674-3167 Fax. (808) 674-3349

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FORM 990-PF

STATEMENT 16

			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BOYS & GIRLS CLUB OF HAWAII 1523 KALAKAUA AVE., STE 202 HONOLULU, HI 96826		OTHER PUBLIC CHARITY	25,000.
HAWAII NATURE CENTER 2131 MAKIKI HEIGHTS DR. HONOLULU, HI 96822	NONE LEEWARD COAST COMMUNITY SCHOLARSHIP	OTHER PUBLIC CHARITY	7,500.
LEEWARD COMMUNITY COLLEGE 96-045 ALA IKE ST. PEARL CITY, HI 96782	NONE ASSOCIATES OF ARTS IN TEACHING PROGRAM		20,000.
PACIFIC ISLANDS ATHLETIC ALLIANCE P.O. BOX 280 KAILUA, HI 96734	NONE SAT WORKSHOP AND AFCA CONFERENCE TRIP	OTHER PUBLIC CHARITY	25,000.
SAVE THE FOODBASKET, INC. P.O. BOX 22845 HONOLULU, HI 96823	RURAL HOME DELIVERY	OTHER PUBLIC CHARITY	7,500.
SEARIDER PRODUCTIONS C/O WAIANAE HIGH SCHOOL 85-251 FARRINGTON HWY. WAIANAE, HI 96792	SUPPORT AND EXPANSION	OTHER PUBLIC CHARITY	20,000.
SURFRIDER SPIRIT SESSIONS P.O. BOX 1677 KAILI, HI 96734	NONE PROGRAM SUPPORT SERVING AT-RISK YOUTH IN HAWAII	OTHER PUBLIC CHARITY	15,000.
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE ST. BACHMAN HALL - 101 HONOLULU, HI 96822	NONE 2010-2011 JAMES & ABIGAIL CAMPBELL FAMILY FOUNDATION SCHOLARSHIPS	OTHER PUBLIC CHARITY	30,000.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

JAMES & ABIGAIL CAMPBELL FAMILY	FOUNDATI		99-0203078
FAMILY PROGRAMS HAWAII 680 ALA MOANA BLVD., STE. 200 HONOLULU, HI 96813	NONE HO'OMALU O NA KAMALI'I PROGRAM	OTHER PUBLIC CHARITY	20,000.
MALAMA LEARNING CENTER P.O. BOX 75467 KAPOLEI, HI 96707	NONE CAPITAL CAMPAIGN	OTHER PUBLIC CHARITY	50,000.
SALVATION ARMY P.O. BOX 620 HONOLULU, HI 96809	NONE KROC COMMUNITY CENTER	OTHER PUBLIC CHARITY	50,000.
JAMES CAMPBELL HIGH SCHOOL 91-980 NORTH RD. EWA BEACH, HI 96706	NONE SCHOLARSHIPS	OTHER PUBLIC CHARITY	20,000.
KAHUKU HIGH SCHOOL 56-490 KAMEHAMEHA HWY. KAHUKU, HI 96731	NONE SCHOLARSHIPS	OTHER PUBLIC CHARITY	20,000.
KAPOLEI HIGH SCHOOL 91-5007 KAPOLEI PARKWAY KAPOLEI, HI 96707	NONE SCHOLARSHIPS	OTHER PUBLIC CHARITY	20,000.
LAHAINALUNA HIGH SCHOOL 980 LAHAINALUNA RD. LAHAINA, HI 96761	NONE SCHOLARSHIPS	OTHER PUBLIC CHARITY	5,000.
NANAKULI HIGH SCHOOL 89-980 NANAKULI AVE. WAIANAE, HI 96792	NONE SCHOLARSHIPS	OTHER PUBLIC CHARITY	10,000.
WAI'ANAE HIGH SCHOOL 85-251 FARRINGTON HWY. WAIANAE, HI 96792	NONE SCHOLARSHIPS	OTHER PUBLIC CHARITY	10,000.
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE. HONOLULU, HI 96826	NONE COMMUNITY TEEN ADVISORY PANEL	OTHER PUBLIC CHARITY	5,000.

JAMES & ABIGAIL CAMPBELL FAMILY	FOUNDATI		99-0203078
KAHI MOHALA BEHAVIORAL HEALTH 91-2301 OLD FORT WEAVER RD. EWA BEACH, HI 96707		OTHER PUBLIC CHARITY	10,000.
LANIKUHONUA CULTURAL INSTITUTE 1001 KAMOKILA BLVD., STE. 200 KAPOLEI, HI 96707	NONE FIFTH ANNUAL LEI O LANIKUHONUA HULA FESTIVAL		20,000.
U.S. VETS P.O. BOX 75329 BUILDING 37 SHANGRILA WAY KAPOLEI, HI 96707			15,000.
WOMEN IN NEED P.O. BOX 414 WAIMANALO, HI 96795		OTHER PUBLIC CHARITY	10,000.
HAWAII METH PROJECT 999 BISHOP ST. 24TH FLOOR HONOLULU, HI 96813	NONE OUTREACH PROGRAM TO WEST O'AHU	OTHER PUBLIC CHARITY	100,000.
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE. HONOLULU, HI 96826	NONE COMMUNITY INFORMATION VAN	OTHER PUBLIC CHARITY	5,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		520,000.

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