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

OMB No 1545-0052

2011

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

| | | | ax year beginnin | g | , 2011 | , and ending | | | |
|--------------------------|------------------|--|--|--------------------------------|--|--|--|--|--|
| Name of for HAROI | | | L FOUNDATI | ON. | INC. | | Α | Employer identification nur 23 - 2804009 | nber |
| Number a | nd stre | et (or PO box numb | ber if mail is not delive | | | Room/suite | В | Telephone number (see the | instructions) |
| 2285 SCHOENERSVILLE ROAD | | | | | State ZIP code | | (610) 867-3737 | | |
| City or tow BETHI | | EM | | | | 18017 | c | If exemption application is | pending, check here |
| | | I that apply: | Initial return | | Initial Return of a for | | | , | |
| | | | Final return | T T | Amended return | mor public charty | D | 1 Foreign organizations, chec | k here |
| | | | Address chan | ge [| Name change | | | 2 Foreign organizations meet | |
| H 인 | _ | type of organiza | | | (c)(3) exempt private f | | | here and attach computation | on — [_] |
| | | | | | rust Other taxable | | Ε | If private foundation status under section 507(b)(1)(A) | |
| 1 Fa | ır mari om Pa | ket value of all asse rt II, column (c), line | ets at end of year e 16) | J Acc | counting method: C | ash X Accrual | | under section 507(D)(T)(A) | , check here |
| ,,, | | 6,514 | | (Part I | Other (specify) | cash hasis | F | If the foundation is in a 60 under section 507(b)(1)(B) | |
| Part 1 | 1 A | nalysis of Re | | (, 0,,,,, | <u>, </u> | | | | |
| <u> </u> | E) | kpenses (The | total of amounts | s in | (a) Revenue and expenses per books | (b) Net investmer income | nt | (c) Adjusted net income | (d) Disbursements for charitable |
| | | | and (d) may not : mounts in columi | | | | | | purposes |
| | | ee instructions). |) | | | | | | (cash basis only) |
| | 1 | | grants, etc, received | | 140,925. | المجالة المجال | | | \$ 74 Z5 Z |
| | 2 | | foundn is not req to at rings and tempor | | 7 | 以京都5000 J. 19 | · | - 3 - 3 | e i servicio de la compansión de la comp |
| 1 | 3 | cash investme | nts | агу | | : | | | 是我说我想, |
| | 4 | | rest from securities | | 20,813. | 16,63 | 5. | | 5.4% (15) (15) (15) (15) |
| | | 5a Gross rents | | or resident and the control of | 0 mm ² /5 0 mm ² 20 | riemi i- | Section 1995 Secti | The state of the s | |
| | _ | | | -29,544. | | grad s Paris | 新一年 新月日本中の | The state of the s | |
| RE | | Gross sales price fo | | 694. | -29,344. | | | The fact of the fact that the fact of the | · · · · · · · · · · · · · · · · · · · |
| E E N | 7 | assets on line 6a Capital gain net inc | come (from Part IV, lin | | - Marin or to the to the | | 0. | to best on a se | The state of the state of the |
| Ň | 8 | | | | · · · · · · · · · · · · · · · · · · · | | 74 | 0. | Le the transfer of the second |
| Ŭ | 9 | Income modific | cations . | | The first straightunghammer | | | | 2. 自由中華中華中華 |
| _ | 10 a | Gross sales less returns and allowances | ` | | THE RESERVE THE PARTY OF THE PA | | . , , , , | The second of th | · 大小なのであるというできます。 |
| | | Less Cost of goods sold | | | · · · · · · · · · · · · · · · · · · · | | | The state of the s | 25 李K世國 (144) [47] |
| | С | Gross profit/(loss) | (att sch) | | | The state of the s | | 1.2. | ्र प्रकार विशेष शिक्षा क्षा करा है। वि |
| | 11 | Other income (| (attach schedule) | , | | | | | المراجع والمراجع المراجع المراجع والمراجع |
| | 10 | See Line 11 St | | | 94,314. | 87,25 | | | 養に素 ながらはずれ は |
| | 13 | Total. Add line | | ae etc | 226,508. 12,910. | 103,88 | | 0. | 3,227. |
| | 14 | | | 12,310. | 3,00 | | | 3,221. | |
| | 15 | | employee benef | fits | | | | | |
| A | 16 a | Legal fees (attach | schedule) L-16a | Stmt | 15,959. | 11,96 | 9. | | 3,990. |
| A A D M | b | Accounting fees (a | ttach sch) L-16b | Stmt | 2,000. | 2,00 | 0. | | - |
| ∯ | | | tach sch) . L1.6 c | Stmt | 38,997. | | 0. | | 38,997. |
| F S | 17 19 | Interest | , , , , , , , , , , , , , , , , , , , | 10 G! | 2 020 | 2 52 | | | |
| N-STRAT | | Depreciation (a | see instrs) See Line attach | າດ ວແນເ | 2,930. | 2,53 | <u>y.</u> | | र्मात्राच्या का उक्तान्य |
| | | sch) and deple | | Stmt | 11,500. | | | | The whole the state of the same and |
| OG E | | Occupancy | | | | | | | |
| . 1 | | | ences, and meetile blieations | | | | | | |
| ŮD × | 23 | Other (Xpe (Sp | S-(b)t/s/S-Schedu | le) | | | | | |
| | | See Line 23 Si | mt | | 16,251. | 7,80 | 5. | <u> </u> | 8,446. |
| EXPERSES | 24 | Total operating | g and administra | itive | 100 547 | 33.00 | _ | | F4 660 |
| § 5 | 25 | Contributions, gifts | Infes 03 2hrough | ת כ | 100,547. | 33,99 | | Y | 54,660. 68,170. |
| שי | | | s and disbursen | ents. | | , | <u> </u> | | 33,173. |
| | | | | | 168,717. | 33,99 | 6. | | 122,830. |
| } | | | 6 from tine 12: enue over expen | | | | | | |
| | а | and disbursen | | 3 C3 | 57,791. | | | | |
| ļ | | | ome (if negative, ente | • | | 69,88 | 9. | 1 | |
| | | | ne (if negative, enter | | , | | | 0. | |
| | | | tion Act Notice. | caa inct | WICTIONS | | | AD201 12/02/11 | Form 990 PF (2011) |

end-of-year figure reported on prior year's return)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

PAID-IN CAPITAL

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

DECREASE IN PAID-IN CAPITAL

Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30

1 555,722.

2 57,791.

3 5,961,651.

4 6,575,164.

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

122,830.

Enter qualifying distributions from Part XII, line 4

| | 990-PF (2011) HAROLD S. CAMPBELL FOUNDATION, INC. 23-280400 | |
|-----|--|---------------------------|
| Par | t VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction | ons) |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. | The state of |
| | Date of ruling or determination letter: (attach copy of letter if necessary — see instrs) | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, | 699. |
| | check here . ► X and enter 1% of Part I, line 27b | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | |
| _ | foundations only. Others enter -0-) | 0. |
| 3 | Add lines 1 and 2 | 699. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0·. | 699. |
| 6 | Credits/Payments: | |
| | 2011 estimated tax pmts and 2010 overpayment credited to 2011 Exempt foreign organizations — tax withheld at source | 1.600小城市的美国 |
| | Tax paid with application for extension of time to file (Form 8868) 6c 1,000. | |
| | | |
| _ | Total credits and payments. Add lines 6a through 6d | 1 000 |
| 7 | · · · · · · · · · · · · · · · · · · · | 1,000. |
| 0 | | <u> </u> |
| 10 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 205 |
| 10 | | 285. |
| 11 | Enter the amount of line 10 to be: Credited to 2012 estimated tax 285. Refunded 11 tVII-A Statements Regarding Activities | |
| | | Yes No |
| 1 a | 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 X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | 1b x |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | |
| c | Did the foundation file Form 1120-POL for this year? | 1c X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | 3 7 Sec. 37.03 |
| | (1) On the foundation (2) On foundation managers >\$ | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | |
| 2 | foundation managers \$ | 2 X |
| 2 | If 'Yes,' attach a detailed description of the activities. | 2 X |
| _ | · | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i> | 3 X |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a X |
| | If 'Yes,' has it filed a tax return on Form 990-T for this year? | 4b |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 X |
| | If 'Yes,' attach the statement required by General Instruction T. | 7 7 |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | |
| | By language in the governing instrument, or | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict | |
| | with the state law remain in the governing instrument? | 6 X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If Yes, 'complete Part II, column (c), and Part XV | 7 X |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see instructions) | 马翻自国 |
| | | |
| t | If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | |
| | (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | 8b 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 calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | 77-31 1-347 |
| | for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | 9 X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names | |
| BAA | and addresses | Form 990-PF (2011) |
| | | (=====) |

| Form | 990-PF (2011) HAROLD S. CAMPBELL FOUNDATION, INC. 23 | -280400 | 9 | Page 5 |
|------|--|-------------------------|--|--|
| Par | t 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 | x |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified personal advisory privileges? If 'Yes,' attach statement (see instructions) | n had | 12 | x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption applicat | ion? . | 13 X | |
| | Website address haroldscampbellfoundation.org | | <u> </u> | |
| 14 | The books are in care of ► MYLEE MOUAHHID Telephone no. ► | <u>(610)</u> 017-745 | 867-37 0 | 37 |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | ; | F [] [|
| | and enter the amount of tax-exempt interest received or accrued during the year | 15 | | |
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority of bank, securities, or other financial account in a foreign country? | ver a | Yes | No X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ▶ | Э | 1.5 11 5 1.5 4.7 1.5 7.4 | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | 31-33-53 |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | [™] Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly): | | 48 . O. 1 | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | X No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | X No | 150 | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | X No | | 1 |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . | X No | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | . 4 |
| | for the benefit or use of a disqualified person)? | X No | 1. 1 | 100 |
| | (6) Agree to pay manay or property to a government official? (Exception Check that if the | | - E | |
| | (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.) Yes | X No | The state of the s | |
| t | of 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 instructions)? | | 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 before the first day of the tax year beginning in 2011? | _ | 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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? | X No | | |
| | If 'Yes,' list the years > 20 , 20 , 20 , 20 | 45 140 | | |
| _ | | | | 1 |
| t | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect 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 | - 3 |
| , | ► 20, 20, 20 | | | 1 |
| 3 8 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | i 🗌 No | | |
| t | of 'Yes,' did it have excess business holdings in 2011 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 | | | 北灣 |
| | 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 2011.) | | 3b | x |
| 4 8 | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a | x |
| | | | 1 1 1 1 1 | |
| ł | 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 2011? | | 4b | X |
| BAA | | Fo | rm 990-PF | |

| Form 990-PF (2011) HAROLD S. CAMPBEI | | | 23-280 | 14009 Page 6 |
|---|---|---|--|--|
| Part VII-BI Statements Regarding Activi | | <u>1 4720 May Be Requ</u> | uired (continued) | |
| 5a During the year did the foundation pay or inct(1) Carry on propaganda, or otherwise attem | • | (section 4945(e))? | ☐ Yes [X] | No. |
| (2) Influence the outcome of any specific pub | olic election (see section | 4955); or to carry | | |
| on, directly or indirectly, any voter registr (3) Provide a grant to an individual for travel. | ation drive? | | Yes X | (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |
| (4) Provide a grant to an organization other to in section 509(a)(1), (2), or (3), or section | han a charitable, etc, org n 4940(d)(2)? (see instru | ganization described ctions) | Yes 🗓 | |
| (5) Provide for any purpose other than religion educational purposes, or for the prevention | ous, charitable, scientific, on of cruelty to children o | literary, or ranimals? | Yes X | No S |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)? | the transactions fail to q | ing disaster assistance | ons | . 5b |
| Organizations relying on a current notice rega | arding disaster assistance | | ▶ 🔲 | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon | | mption from the | Yes | No a |
| If 'Yes,' attach the statement required by Reg | ulations section 53.4945 | -5(d). | | |
| 6 a Did the foundation, during the year, receive a on a personal benefit contract? | | • | . Yes X | |
| b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870 | iums, directly or indirectl | y, on a personal benefit | contract? | 6b X |
| 7a At any time during the tax year, was the found | dation a party to a prohib | uted tax shelter transact | ion? Yes X | No |
| b if 'Yes,' did the foundation receive any proces | · · · · · · · · · · · · · · · · · · · | | | 7b |
| Part:VIII Information About Officers, I and Contractors | Directors, Trustees, | Foundation Manag | ers, Highly Paid E | mployees, |
| 1 List all officers, directors, trustees, foundation | on managers and their c | ompensation (see instru | ictions). | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Expense account, |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred compensation | other allowances |
| MYLEE MOUAHHID | _ | | | |
| 1001 THIRD ST | VP/SEC/DIR | | _ | |
| CATASAUQUA PA 18032 | 5.00 | 6,455. | 0. | 0. |
| HELEN M. VENTURINI 3032 CENTER ST | VP/TREAS/DIR | | | |
| BETHLEHEM PA 1817 | 5.00 | 6,455. | 0. | 0. |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| | - | | | |
| | | | | |
| 2 Compensation of five highest-paid employe | es (other than those incl | uded on line 1— see ins | tructions). If none, ente | er 'NONE.' |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| N/A | - | | compensation | |
| 0 | + | | | |
| | | | | |
| 0 | - | | | |
| 0 | | | | |
| 0 | | | | |
| | <u> </u> | L | | |
| Total number of other employees paid over \$50,000 | O | 12/05/11 | > | None |

| | 23-2804009 Page 7 |
|--|---------------------------|
| Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued) | / Paid Employees, |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NON | VE.' |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | None |
| 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 | |
| | |
| 2 | |
| 3 | |
| | |
| | |
| Part IX-B Summary of Program-Related Investments (see instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | 2. Amount |
| 1 | |
| 2 | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | · |
| Total. Add lines 1 through 3 | • |
| BAA | Form 990-PF (2011) |

qualifies for the section 4940(e) reduction of tax in those years.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 539,872. **b** Average of monthly cash balances . . 1 b 65,680. 1 c c Fair market value of all other assets (see instructions) 1 d d Total (add lines 1a, b, and c) 605,552. e Reduction claimed for blockage or other factors reported on lines 1a and 1c Acquisition indebtedness applicable to line 1 assets 3 3 Subtract line 2 from line 1d ... 605,552. Cash deemed held for charitable activities. Enter 1-1/2% of line 3 9,083. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 <u>596,469.</u> Minimum investment return. Enter 5% of line 5 6 6 29,823. Part-XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here \ \ \ \ and do not complete this part.) 1 29,823. 2a Tax on investment income for 2011 from Part VI, line 5 **b** Income tax for 2011 (This does not include the tax from Part VI.) . . 2b c Add lines 2a and 2b 699. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 29,124. Recoveries of amounts treated as qualifying distributions . . . 4 5 Add lines 3 and 4 . . . 29,124. Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 29,124. Part:XIIQ Qualifying Distributions (see Instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 1 a 122,830. **b** Program-related investments — total from Part IX-B 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes . . . 7 Amounts set aside for specific charitable projects that satisfy the: 3а **b** Cash distribution test (attach the required schedule) 3 b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 122,830. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 5 699. Adjusted qualifying distributions. Subtract line 5 from line 4 ... 6 122.131. Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|---|--|--|--|--|
| 1 Distributable amount for 2011 from Part XI, line 7 | | | | 29,124. |
| 2 Undistributed income, if any, as of the end of 2011: | m3 ^* *** *** *** | | . 1 | |
| a Enter amount for 2010 only . | , , , | | 16,721. | |
| b Total for prior years 20, 20, 20 | | | · · · · | |
| 3 Excess distributions carryover, if any, to 2011: | | | | · VARALE (|
| a From 2006 0. | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | | |
| b From 2007 . 0. | | - No. | | 120 1 1 1 1 1 |
| c From 2008 | The second of the second | | | |
| d From 2009 77. | | | | |
| e From 2010 68,385. | | | 1. The section of the | |
| f Total of lines 3a through e | 68,462. | | | |
| 4 Qualifying distributions for 2011 from Part | | | | |
| XII, line 4: ► \$ 122,830. | | | | |
| a Applied to 2010, but not more than line 2a | | F | 16,721. | State of the state |
| b Applied to undistributed income of prior years (Election required — see instructions). | | | 10000000000000000000000000000000000000 | |
| c Treated as distributions out of corpus (Election required – see instructions) | | | The same of the same of | |
| d Applied to 2011 distributable amount | ور عاد الماد | | | |
| e Remaining amount distributed out of corpus | 106,109. | F. L. L | the water and the | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 5 Excess distributions carryover applied to 2011 | | Section of the section of | 12 1/2 30 1 2 2 2 | |
| (If an amount appears in column (d), the same amount must be shown in column (a).) | 素等金をある。 | 1 . Till the training to | San State of State | |
| Same amount must be shown in column (a).) | Marky John Town Control | | | 名·李子·西约第三人称 |
| 6 Enter the net total of each column as | | · · · · · · · · · · · · · · · · · · · | and the second of the second | |
| indicated below: | No. Was the state of the | | | |
| a Corpus. Add lines 3f, 4c, and 4e Subtract line 5 | 174,571. | 2 35 77 13 13 13 13 13 13 13 13 13 13 13 13 13 | 4000 | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | The state of the s | And the second of the second of the second |
| 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. | | | | |
| d Subtract line 6c from line 6b Taxable amount — see instructions | | 0. | | |
| e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount — see instructions . | | A | 0. | "我们就是一个我们 了。""我们的说道 |
| f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 | | | | 29,124. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | | | | |
| 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions). | 0. | 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |
| 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a | 174,571. | | | |
| 10 Analysis of line 9 | W | The state of the state of the state of | 1 1 1 1 1 1 1 1 1 | |
| a Excess from 2007 0. | The state of the s | The state of the s | | |
| b Excess from 2008 0. | | | 37 43 | |
| c Excess from 2009 77. | | The state of the s | | |
| d Excess from 2010 68,385. | | | | المراجع والمراجع والمراجع |
| e Excess from 2011 106,109. | | | | |

| Part XIVM Private Operating Foundat | | | t VII.A question | 9) | N/A | | | |
|---|--|--|--|-------------------------|----------------|--|--|--|
| i a If the foundation has received a ruling or do is effective for 2011, enter the date of the r | etermination letter t | hat it is a private o | perating foundation. | | | | | |
| b Check box to indicate whether the foundation | - | | | 4942(j)(3) or | 4942(j)(5) | | | |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | | | | |
| income from Part I or the minimum investment return from Part X for each year listed | (a) 2011 | (b) 2010 | (c) 2009 | (d) 2008 | (e) Total | | | |
| b 85% of line 2a | | | | | | | | |
| 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 | | | | | | | | |
| • 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) | | | | | | | | |
| (3) Largest amount of support from an exempt organization | | | · — — · · · · · · · · · · · · · · · · · | | | | | |
| (4) Gross investment income. | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Part XVa Supplementary Information assets at any time during th | | | organization ha | id \$5,000 or moi | e in | | | |
| 1 Information Regarding Foundation Manage | | | | | | | | |
| a List any managers of the foundation who had close of any tax year (but only if they have N/A | ave contributed moi | re than 2% of the to nan \$5,000). (See s | otal contributions rec section 507(d)(2).) | eived by the foundat | ion before the | | | |
| b List any managers of the foundation who or | wn 10% or more of | the stock of a corp | oration (or an equal) | v large portion of the | ownership of | | | |
| a partnership or other entity) of which the f | oundation has a 10 | % or greater intere | st. | , | | | | |
| 2 Information Regarding Contribution Gran | t. Gift. Loan, Schol | arship, etc. Progra | ms: | | | | | |
| Check here ► ☐ if the foundation only m | requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, | | | | | | | |
| a The name, address, and telephone number of the person to whom applications should be addressed MYLEE MOUAHHID | | | | | | | | |
| 2285 SCHOENERSVILLE ROAD BETHLEHEM PA 18017 (610) 867-3737 | | | | | | | | |
| b The form in which applications should be s | | | |): | | | | |
| N/A | | | | | | | | |
| c Any submission deadlines. | | | | | | | | |
| d Any restrictions or limitations on awards, s | uch as by geograph | nical areas, charital | ble fields, kinds of in: | stitutions, or other fa | ctors | | | |
| N/A | | | | | | | | |
| | | | | | | | | |

| 3 Grants and Contributions Paid During the Yea | ar or Approved for Futu | | | |
|---|--|----------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) a Paid during the year ADVOCATES FOR HEALTHY CHILDREN | substantial contributor | recipient | | |
| 405 EVE COURT BATH PA 18014 BETHLEHEM AREA PUBLIC LIBRARY 11 WEST CHURCH ST | | N/A | | 60,000 |
| BETHLEHEM PA 18018 CITYSPACE | | N/A | | 1,500 |
| COMMUNITY ACTION COMMITTEE OF L.V. | | | | 1,000 |
| MEALS ON WHEELS OF BETHLEHEM AREA | | N/A | | 1,000. |
| BETHLEHEM PA 18020 LEHIGH VALLEY PERFORMING ARTS | | N/A | | 1,000. |
| 3741 BROADWAY ALLENTOWN PA 18104 NORTHEAST MINISTRY | | N/A | | 600. |
| VISITING NURSE ASSOC OF SAINT | | | | 1,000. |
| THE WELLNESS COMMUNITY | | | | 1,000. |
| See Line 3a statement | | | | 1,000 |
| 1 | | | | 70. |
| Total | | | > 3a | 68,170 |
| b Approved for future payment | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ► 3b | , |

| Form 990-PF (2011) | HAROLD S. CAMPBELL | FOUNDATI | ON, INC. | · | 23-28040 | 0.9 Page 1 |
|------------------------------------|--|---------------|---------------------------|--|--|--|
| Part XVI-A Analys | sis of Income-Producing | Activities | | - | | |
| Enter gross amounts unl | less otherwise indicated. | Unrelat | ed business income | Exclude | d by section 512, 513, or 514 | |
| _ | | | (b) Amount | (c) Exclu- sion | (d) Amount | (e) Related or exempt function income (See instructions) |
| 1 Program service re | | - | | code | | |
| | | - | | | | |
| | | | | | | |
| d | | | | <u> </u> | | |
| e | | | | | | |
| T | from anyonemont against | | | | | |
| • | s from government agencies and assessments | | | | | |
| · | temporary cash investments . | | | | | |
| | rest from securities . | | | 14 | 20,813. | |
| 5 Net rental income of | or (loss) from real estate: | £.4. | .多·是"特别等"的 | 6. 11. 1 | J. 87 | · · · · · · · · · · · · · · · · · · · |
| a Debt-financed prop | perty | | | | | |
| b Not debt-financed p | property | · | | ļ | | |
| | ss) from personal property | · | | | | |
| 7 Other investment in | | | | 14 | 87,250. | |
| , , | s of assets other than inventory s) from special events | | | 18 | -29,544. | 6,130 |
| | s) from sales of inventory | | | | | 0,130 |
| 11 Other revenue: | o, nom balos of involvery | | 一种多种的 | the state of | 1 1 4 1 mg 1 3 1 5 5 6 1 5 | the state of the s |
| a | | | | | | |
| b | | | | | | |
| | | _ | | ↓ | | |
| | | | - | | | |
| e | mns (b), (d), and (e) | | | 14.3 | 70 F10 | 6 120 |
| | mns (b), (d), and (e) columns (b), (d), and (e) | | , | | | 6,130 84,649 |
| | 3 instructions to verify calculation | | | •• | ·· ··· ··· · · · · · · · · · · · · · · | 01/013 |
| | onship of Activities to th | | lichment of Evenn | + Duren | | · · · · · · · · · · · · · · · · · · · |
| Part, AVI-DA Relation | mship of Activities to th | - Accomp | | rurp | | |
| Line No. Explain belo accomplishin | ow how each activity for which in ment of the foundation's exempt | ncome is repo | orted in column (e) of Pa | art XVI-A | contributed importantly | to the |
| | IVITIES REPORTED AL | | | | | |
| | TY TO HELP IN ITS M | | | | | |
| | IN THE LEHIGH VAL | | | | | , AND |
| SPECIFIC | HEALTH ISSUES. | _ | | | | |
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Form 990-PF (2011) HAROLD S. CAMPBELL FOUNDATION, INC. 23-2804009 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| de re a Tr (1 (2 b Oi (1 (2 (3 (4 (5 5 c Si d If th | escribe elating ransfer) Cas el Othe ther tra) Sale el Puro) Ren) Reir) Loan tharing the anne | er assets ansactions: as of assets to a no chases of assets fr tal of facilities, equ mbursement arrang ms or loan guarante formance of service of facilities, equipr uswer to any of the sts. other assets, or | of the Code (of ations?) Ing foundation to the concharitable executed on a noncharital perment, or other germents In the companies of the companies of the code of | empt organizate able exempt or sassets | ion 501(c)(3) of the exempt organization of the exempt organization of the exempt organization of the exempt of th | rganizations) anization of: bloyees dule. Column | or in section 52 | ys show the fair mai s than fair market v | 1a (1) | |
|---|--|---|--|--|--|--|---------------------------------------|--|--|----|
| (a) Line | - | (b) Amount involved | | | exempt organizatio | | | sfers, transactions, and | haring arrangements | - |
| \as \c. 110 | | \ | (c)ame | | and a game and | | 2 Seconpain or dar | and a distriction of and | | - |
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| - | | | | | - | | | | | - |
| de | escribe | undation directly o d in section 501(c) complete the follow |) of the Code (d | lated with, or rother than sect | elated to, one ion 501(c)(3)) | or more tax-or in section | exempt organiza 527? | tions | Yes X No | |
| | |) Name of organiza | | (b) | Type of organiz | ation | (0 |) Description of rela | itionship | - |
| | | | | <u> </u> | | | T | | | _ |
| | | | | | | | | | | _ |
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| | | | | | - | | | | | _ |
| | | | | <u> </u> | | | <u> </u> | | | _ |
| | Under p | enalties of perjury, I dec and complete Declarate | clare that I have examine of preparer (other | mined this return, i | including accompan | ying schedules a | nd statements, and to | the best of my knowledge | and belief, it is true, | |
| Sign | 300 | and complete beclarat | - | | based on an imorn | istion of white p | repaier has any know | icage | May the IRS discuss | ٦. |
| Here | | $\mathcal{N}_{1}\mathcal{N}_{2}$ | \mathcal{M}_{\sim} | A A. | 19-14 | 2 | Trustec | | this return with the preparer shown below | |
| i ici e | Signa | ture of officer or trustee | 11 1 | J. Musi | Date | <u></u> | Title | | (see instructions)? | 1 |
| | | Print/Type preparer's | pame // | Prepar | rer's signature | | Date / / | Check If | PTIN A | J |
| D-1-1 | | Nime (| SOUM | | 2 d | , | | | 10002397 | |
| Paid | | Firm's name | CUPERSMIT | | V STP4CPP | STEMPLE | R & CO LLP | self-employed Firm's EIN ► 20-5' | | |
| Prepa | | Firm's name | 10 GROVE | | · S. Sanger | SIEWEIF | A GC DDP | FIRMS EIN 20-3 | 144341 | - |
| Use O | niy | , im a dodless | CHERRY HI | | | NJ 08 | 3002 | Phone no | | |
| BAA | | 1 | | | | | | 1. notice no | Form 990-PF (2011 |) |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

| Name of the organization | | Employer identification number | | | | | |
|---|---|-------------------------------------|--|--|--|--|--|
| HAROLD S. CAMPBELL FOUNDATION | , INC. | 23-2804009 | | | | | |
| Organization type (check one): | | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a p 527 political organization | private foundation | | | | | |
| Form 990-PF | x 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a privation 501(c)(3) taxable private foundation | ite foundation | | | | | |
| Check if your organization is covered by the Ger Note. Only a section 501(c)(7), (8), or (10) organization | neral Rule or a Special Rule. nization can check boxes for both the General Rule and a Sp | ecial Rule. See instructions. | | | | | |
| General Rule For an organization filing Form 990, 990-EZ, contributor. (Complete Parts I and II.) | or 990-PF that received, during the year, \$5,000 or more (in | noney or property) from any one | | | | | |
| Special Rules | | | | | | | |
| 509(a)(1) and 170(b)(1)(A)(vi), and received | orm 990 or 990-EZ that met the 33-1/3% support test of the refrom any one contributor, during the year, a contribution of to till, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and | the greater of (1) \$5,000 or | | | | | |
| total contributions of more than \$1,000 for us | 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, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| 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 total 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 | ► \$ | | | | | |
| 990-PF) but it must answer 'No' on Part IV, line | Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | | |
| BAA For Paperwork Reduction Act Notice, see | e the Instructions for Form 990, Schedule B | (Form 990, 990-EZ, or 990-PF) (2011 | | | | | |

| | B (Form 990, 990-EZ, or 990-PF) (2011) | Page | 1 of 1 of Part 1 |
|---------------|---|-------------------------------|--|
| Name of org | anization O S. CAMPBELL FOUNDATION, INC. | ' ' | r identification number |
| | Contributors (see instructions). Use duplicate copies of Part I if additional sp | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ESTATE OF HAROLD S. CAMPBELL SR. 2285 SCHOENERSVILLE RD, SUITE 210 BETHLEHEM PA 18017 | \$140,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

Form 990-PF, Page 1, Part I, Line 11

| | • | | ~ : . |
|---|-----|----|--------------|
| • | ına | 11 | Stmt |
| | | | |

| Other income: | Rev/Exp Book | Net Inv Inc | Adj Net Inc |
|------------------------|--------------|-------------|-------------|
| FROM BETH WESTGATE K-1 | 87,250. | 87,250. | |
| FARMERS MARKET | 6,030. | | |
| DREAMAKERS | 580. | | |
| SENIOR EXTRAVAGANZA | 404. | | |
| CHARI-TREE | 50. | | |

Total

94,314. 87,250.

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

| Taxes | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb_ |
|----------------|--------------|-------------|-------------|---------------|
| EXCISE TAX | 391. | | | |
| STATE TAX | 15. | 15. | | |
| PROPERTY TAXES | 2,524. | 2,524. | | |

Total

2,930. 2,539.

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

| Other expenses: | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|-----------------|--------------|-------------|-------------|--------------|
| ADVERTISING | 15,024. | 7,512. | | 7,512. |
| SPECIAL EVENTS | 934. | 0. | | 934. |
| MISCELLANEOUS | 293. | 293. | | |

Total

16,251. 7,805.

8,446.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) | (b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|--|--------------------------------------|----------------------------------|
| ISHARES TR US PFD STK IDX ISHARES TR DJ SEL DIV INX ISHARES TR US PFD STK IDX | P P | 10/26/10 09/30/10 05/05/10 | 10/25/11 10/06/11 10/25/11 |
| ISHARS TR LEHMAN 1-3 YR CR BD FD FIRST TR SR FLG RTE INC FD II | P | Various Various | 12/28/11 |
| FROM BETH WESTGATE K-1 - ST LOSS FROM BETH WESTGATE K-1 - LT LOSS | P | Various Various | Various Various |

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income **Columns (e) thru (h)**

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------------|--|--|---|
| 18,193. | | 20,137. | -1,944. |

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

Continued

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) mınus (g) |
|--|---|--|--|
| 19,316. 36,836. 51,630. 32,344. | | 19,149. 37,941. 52,771. 36,619. | 1671,1051,1414,27510,0513,228. |
| Total | | 166,617. | -21,577. |

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (l)

| omplete only for asset the foundation on 12 | (l) Gains (column (h) | | | |
|--|---|--|--|--|
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | gain minus column (k), but not less than -0-) or losses (from column (h)) | |
| | | | -1,944. | |
| | | | 167. 1,105. | |
| | | | -1,141. -4,275. | |
| | | | -10,051. -3,228. | |

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

| Recipient | If recipient is an individual, | Foun- dation | Purpose of grant or contribution | Person or Business |
|-----------------------------------|---|-------------------|----------------------------------|-----------------------|
| Name and address | show any | status | | Checkbox |
| (home or business) | relationship to any foundation manager or substantial contributor | of re- cipient | | Amount |
| a Paid during the year NOTRE DAME | | | | Person or Business X |
| ST. ANNE'S | | | | Person or Business X |
| SAINTS SIMON & JUDE | | | | Person or Business X |

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

| 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 recipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|--|---|--------------------------------|----------------------------------|---|
| a Paid during the year | | | | |

Total

70.

Form 990-PF, Page 1, Part I

Line 16a - Legal Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| PFEIFFER, BRUNO | LEGAL | 9,340. | 7,005. | | 2,335. |
| MARAZZO & PLATT | LEGAL | 6,619. | 4,964. | | 1,655. |

Total

15,959. 11,969.

3,990.

Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| VAL BASTINELLI | TAX RETURN PREPARATION | 2,000. | 2,000. | | |

Total

2,000.

2,000.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

| Name of Provider | Type of Service Provided | Amount Net Paid Investment Per Books Income | | Adjusted Net Income | Disbursements for Charitable Purposes | |
|----------------------|-----------------------------|---|----|---------------------------|---|--|
| ADVOCATES FOR HEALTH | CONSULTING | 32,000. | | | 32,000. | |
| ROCKY URICE PRODUCTI | VIDEO SERVICES | 1,750. | | | 1,750. | |
| MISCELLANEOUS | MISCELLANEOUS | 5,247. | 0. | | 5,247. | |

Total

38,997.

0.

38,997.

Form 990-PF, Line 19 Allocated Depreciation

| Description | Date Acquire | Cost or Basis | Prior Yr. Depr | Mthd | Lıfe | Current Net Depr Invest Income | | Adjusted Net Income |
|--------------------|-----------------|------------------|-------------------|-------|------|--------------------------------|--|---------------------------|
| Computer equipment | 10/31/11 | 5000 | | 200DB | 5.00 | 0 | | |
| CAMERA | 10/31/11 | 1500 | | 200DB | 7.00 | 0 | | l |
| EQUIPMENT | 11/07/11 | 5000 | | 200DB | 7.00 | 0 | | |

Total

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

| | End of Year | | | | | |
|---|---------------|----------------------|--|--|--|--|
| Line 10b - Investments - Corporate Stock: | Book Value | Fair Market Value | | | | |
| BETH WESTGATE, INC. | 5,834,531. | 5,834,531. | | | | |
| Total | 5,834,531. | 5,834,531. | | | | |

Form 990-PF, Page 2, Part II, Line 13

L-13 Stmt

| | End of | Year | |
|--------------------------------|---------------|----------------------|--|
| Line 13 - Investments - Other: | Book Value | Fair Market Value | |
| OPPENHEIMER | 504,350. | 491,033. | |
| Total | 504,350. | 491,033. | |

Form 990-PF, Page 2, Part II, Line 11

L-11 Stmt

| Line 11b - Description of Investments Land, Buildings and Equipment | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|--|----------------------------|-------------------------------------|--------------------------|
| MACADA ROAD | 182,000. | 0. | 182,000. |
| Total | 182,000. | 0. | 182,000. |

| _ | | | |
|-----|---------|--------|----------|
| Sum | porting | Statem | ant af: |
| Jup | porting | Statem | CIIL OI. |

Form 990-PF, p1/Line 4(b)

| Description | Amount |
|-----------------------|---------|
| OPPENHEIMER INTEREST | 175. |
| OPPENHEIMER DIVIDENDS | 16,460. |
| Total | 16.635 |

Supporting Statement of:

Form 990-PF, p8/Part X, Line 1a

| Description | Amount | | |
|---|---------------|--|--|
| INVESTMENT IN BETH WESTGATE, INC. | 15,985. | | |
| ALL OTHER SECURITIES | 523,887. | | |
| NOTE: THE FOUNDATION RECEIVED STOCK OF BETH | . | | |
| WESTGATE, INC. AT 12/31/11. | | | |
| Total | 539,872. | | |

Supporting Statement of:

Form 990-PF,p12/Line 4 Column (d)

| Description | Amount |
|---------------------------------|---------|
| OPPENHEIMER INTEREST | 175. |
| OPPENHEIMER TAX-EXEMPT INTEREST | 4,178. |
| OPPENHEIMER DIVIDENDS | 16,460. |

Supporting Statement of:

Form 990-PF,p12/Line 7 Column (d)

| | | Amount | | | | |
|---------|-----|----------|-----|---|-----------------|---------|
| FROM BE | ETH | WESTGATE | K-1 | _ | INTEREST | 674. |
| FROM BE | 3TH | WESTGATE | K-1 | - | DIVIDENDS | 28,181. |
| FROM BE | ETH | WESTGATE | K-1 | - | ORDINARY INCOME | 58,335. |
| FROM BE | STH | WESTGATE | K-1 | _ | SEC. 1231 GAIN | 60. |

Total

87,250.

Supporting Statement of:

Form 990-PF,p12/Line 9 Column (e)

| Description | Amount |
|-------------------------|--------|
| FARMERS MARKET | 6,030. |
| FARMERS MARKET EXPENSES | -934. |
| DREAMAKERS | 580. |
| SENIOR EXTRAVAGANZA DAY | 404. |
| CHARI-TREE PROGRAM | 50. |

Form **4562**

Department of the Treasury Internal Revenue Service (99

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

0011

2011

OMB No. 1545-0172

Attachment Sequence No. 17

Identifying number Name(s) shown on return 23-2804009 HAROLD S. CAMPBELL FOUNDATION, INC. Business or activity to which this form relates Form 990-PF page 1 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. R 9 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 ... 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 11,500. tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part/III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (C) Basis for depreciation (a) (d) (e) Convention (g) Depreciation (business/investment use deduction Classification of property Recovery period vear placed in service only - see instructions) 19 a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L MM S/L i Nonresidential real 39 yrs property MM S/L Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System S/L 20 a Class life b 12-year 12 yrs S/L S/L c 40-year 40 yrs MM

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

Part IV.3 Summary (See instructions.)

21 Listed property. Enter amount from line 28

9 St. 1800

<u>11,500.</u>

21

22

Part V . Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

| | | (a) through (c) | | | | | | | | | | | | | | |
|-------|--|---|---|------------------------|-------------------------|------------------------|--|----------------|--------------------|------------------------|----------------------|---|----------------------------------|--|---|----------------|
| | | n A – Deprecia | | | | ution: S | | | | | | | | mobiles | | - |
| 24 8 | Do you have eviden | T | 1 | | | | Yes | | | | <u> </u> | _ | written? | | Yes | No |
| Ту | (a) pe of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | Cos other | t or | (busine | (e) or deprecia ess/investruse only) | ation nent | Rec | (f) covery eriod | Me | (g) (h) Method/ convention Depreciation deduction | | | (i) Elected section 179 cost | |
| 25 | Special deprec | ation allowance | e for qualified ified business | listed pro use (see | perty pla | ced in s | service o | durin | g the t | ax yea | r and | 25 | | | physical and the second | |
| 26 | Property used i | | | | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | | <u> </u> | | | |
| | | ļ | | | | ļ | | | ļ | | ļ | | ļ | | 4 | |
| 27 | Property used 5 | 0% or less in a | qualified bus | iness use | | L | | | <u> </u> | | Т | | l | | <u></u> | |
| | | | | | | | | | | | T | | | | 13.65 | Mar M |
| | | | | | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | | | | | Mr. |
| 28 | Add amounts in | | | | | | | age 1 | i . | | | 28 | | | | 米 斯·西 |
| _29 | Add amounts in | column (i), line | e 26. Enter he | | | | | _ | | | | | _ | 29 | | |
| C | -lota this costion | a for vobiolog i | and by a cala | | B – Info | | | • • • • | | | | | | | المسالمية | |
| to vo | plete this section our employees, fi | rst answer the | questions in S | Section C | to see if | or our ou me | et an ex | cept | ion to | wner, comple | or rela eting th | itea per Is sectio | on for th | ou provid ose vehi | iea veni cles. | cies |
| | | · · · · · · · · · · · · · · · · · · · | · | | (a) | | b) | Τ | (c) | 亡 | | | T | e) | | ŋ |
| 30 | during the year | Total business/investment miles driven during the year (do not include commuting miles) | | | nicle 1 | | cle 2 | 1 | | 3 | (d) Vehicle 4 | | 1 '' 1 | | Vehicle | |
| 31 | Total commuting m | iles driven during t | he year | | | | | | | | | | | | | |
| 32 | Total other pers | sonal (noncomr | nuting) | | | | | | | | | | | | | |
| 33 | Total miles driv lines 30 through | | ear. Add | | | | | | _ | | | | | | | |
| | | | | Yes | No | Yes | No | Y | es | No | Yes | No | Yes | No | Yes | No |
| 34 | Was the vehicle during off-duty | | ersonal use | | <u> </u> | | | _ | | | | | | | | |
| 35 | Was the vehicle than 5% owner | used primarily or related pers | by a more on? | | | | | | _ | | | | | | | |
| 36 | Is another vehic personal use? | | | | | | | _ | | | | | | | | |
| | | | C Question | | | | | | | • | | | | | | |
| 5% c | ver these question where or related | persons (see | e if you meet a | an excep | tion to coi | mpletin | g Sectio | n B | tor ven | ncies u | ised by | employ | ees who | o are no | t more ti | nan |
| 37 | Do you maintain by your employe | n a written policees? | | hat prohil | oits all pe | rsonal ı | | ehick | | luding | commi | uting, | | | Yes | No |
| 38 | Do you maintain employees? Se | n a written police the instruction | cy statement the | hat prohil used by | oits perso corporate | nal use e officer | of vehics. | cles, tors. | excep | t comr | nuting, ire own | by youi | r | | | |
| 39 | | | | | | | · | | • | | | | | | | |
| 40 | Do you provide vehicles, and re | more than five | vehicles to yo | our emplo | yees, obt | ain info | rmation | from | your | emplo | yees at | out the | use of t | he | | |
| 41 | Do you meet the Note: If your ar | e requirements | concerning qu 39, 40, or 41 | ualified ai | utomobile do not co | demon <i>mplete</i> | stration Section | use: | ? (See or the c | instru | ctions.) d vehici | les. | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Pai | t VI Amorti | | | | | | | | | | | | | | * | <u> </u> |
| | | (a) | | | (b) | | (c) | | | (d |) | | (e) | | (f) | |
| | Desc | cription of costs | | | mortization legins | | Amortizab amount | | | Coc sect | | l pe | ortization riod or centage | | mortization or this yea | |
| 42 | Amortization of | costs that begi | ns during you | r 2011 ta | x year (se | e instru | uctions) | : | | | | | | | | |
| | | | | | | | | | | | | - | | <u> </u> | | |
| 43 | Amortization of | f costs that bea | an before you | r 2011 to | y vear | Ш | | | | | | | 42 | | | |
| 43 | | nunts in column | - | | - | · · | nort | | | | | | 43 | | | |

Net Gain or Loss From Sale of Assets

2011

| AROLD S. CAMPBELL | FOUNDATION, INC. | 23 - 2804009 |
|---------------------------------------|---|--|
| Asset Information: | | 1-2-2-3-3-3 |
| Description of Property: | VARIOUS ISHARES - ST LOSS | |
| Date Acquired: Variou | | |
| Date Sold: Varior | | |
| | 71,312. Cost or other basis (do not reduce by depreciation) | 76 122 |
| Sales Price | /21, 312. Cost of other basis (do not reduce by depreciation, | 76,122. |
| | Valuation Method: | |
| Total Gain (Loss): | -4,810. Accumulation Depreciation: | |
| Description of Property: | | |
| Date Acquired. Variou | us How Acquired: Purchased | ······································ |
| Date Sold: . 10/25 | | |
| | 19,706. Cost or other basis (do not reduce by depreciation) | 24,357. |
| Sales Expense: | Valuation Method: | |
| Total Gain (Loss): | -4,651. Accumulation Depreciation: | |
| Description of Property: | -4,651. Accumulation Depreciation: . VARIOUS ISHARES - LT LOSS | |
| Date Acquired <u>Varior</u> | us How Acquired: Purchased | |
| Date Sold: . Variou | | |
| Sales Price: . | 55,702. Cost or other basis (do not reduce by depreciation | |
| Sales Expense: | Valuation Method: | |
| Total Gain (Loss): | -1,388. Accumulation Depreciation: | |
| Description of Property | ISHARES TR | · · · · · · · · · · · · · · · · · · · |
| Date Acquired: Vario | us How Acquired: Purchased | |
| Date Sold: 12/28 | /11 Name of Buyer: | |
| Sales Price: | 51,630. Cost or other basis (do not reduce by depreciation) |) 52,771. |
| Sales Expense: | Valuation Method: | |
| Total Gain (Loss) | -1,141. Accumulation Depreciation: | |
| Description of Property: | FIRST TR SR FLG RTE INC FD II | • |
| Date Acquired: Variou | | |
| Date Sold. 12/28 | /11 Name of Buyer: | |
| | 32,344. Cost or other basis (do not reduce by depreciation |) 36,619. |
| | Valuation Method: . | |
| Total Gain (Loss) | -4,275. Accumulation Depreciation: | |
| | FROM BETH WESTGATE K-1 - ST CAPITAL | LOSS |
| Date Acquired: Vario | | |
| Date Sold: Vario | | |
| Sales Price: . | Cost or other basis (do not reduce by depreciation |) |
| Sales Expense | Valuation Method: | · |
| Total Gain (Loss): | | |
| Description of Property: | | LOSS |
| Date Acquired: Vario | | |
| Date Sold: . Vario | | |
| Sales Price: | Cost or other basis (do not reduce by depreciation |) |
| Sales Expense. | Valuation Method: | |
| Total Gain (Loss): | -3,228. Accumulation Depreciation: | _ |
| · · · · · · · · · · · · · · · · · · · | -3,220. Accumulation Depreciation. | · · · · · · · · · · · · · · · · · · |
| Description of Property: | Have Appeared | |
| Date Acquired: | How Acquired: | |
| Date Sold: | Name of Buyer: | |
| Sales Price: | Cost or other basis (do not reduce by depreciation |) |
| Sales Expense | Valuation Method: | |
| Total Gain (Loss): | Accumulation Depreciation: | |

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

| If you ar | re filing for an Automatic 3-Month Extension, co | mplete only P | art I and check this box | | ► x | |
|--|---|--|---|--|---|--|
| If you ar | re filing for an Additional (Not Automatic) 3-Mor | nth Extension, | complete only Part II (on page 2 of this | form). | _ | |
| Do not com | nplete Part II unless you have already been grant | ted an automa | tic 3-month extension on a previously file | ed Form 8868 | | |
| corporation request an e | filing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which reling of this form, visit www.irs.gov/efile and click | ot automatic) 3 n Part I or Part must be sent to | 3-month extension of time You can elect t II with the exception of Form 8870, Infor the IRS in paper format (see instruction | ronically file Form 85 mation Return for Ti | 868 to ransfers | |
| Part I A | Automatic 3-Month Extension of Time. | Only subm | it original (no copies needed). | | | |
| | on required to file Form 990-T and requesting an | | | mplete Part I only | ▶ | |
| • | rporations (including 1120-C filers), partnerships | | | | to file | |
| income tax | | , | | fying number, see ir | | |
| | Name of exempt organization or other filer, see instructions | | | | Employer identification number (EIN) or | |
| Type or | Hame of exempt organization of outer mer, see instructions | | , | | | |
| print | | W 23 2804000 | | | | |
| File by the | HAROLD S. CAMPBELL FOUNDATION | X 23-2804009 Social security number (SSN) | | | | |
| due date for filing your | | _ | | | , | |
| return See | 2285 SCHOENERSVILLE RD, #210 City, town or post office, state, and ZIP code For a foreign | | ctions | <u> </u> | | |
| 1130 4000113 | | ada. 000, 000o. a | | D3 1001 | 7 7450 | |
| | BETHLEHEM | | | PA 1801 | 7-7450 | |
| Enter the Re | eturn code for the return that this application is f | for (file a sepa | rate application for each return) | | 04 | |
| Application Is For | | Return Code | Application Is For | ······································ | Return Code | |
| Form 990 | | 01 | Form 990-T (corporation) | 1 | 07 | |
| Form 990-B | BL. | 02 | Form 1041-A | | 08 | |
| Form 990-E | | 01 | Form 4720 | | 09 | |
| Form 990-F | | 04 | Form 5227 | | 10 | |
| | (section 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | |
| Form 990-T (liust other than above) | | 06 | Form 8870 | 12 | | |
| Telepho If the or If this is check the external life in the external lif | one No (610) 867-3737 Irganization does not have an office or place of best for a Group Return, enter the organization's found his box If it is for part of the group ension is for. It is for part of the group ension is for. It is for part of the group ension is for. It is for part of the group ension is for. It is for part of the group ension is for. It is for part of the group ension is for a corporate of the exempt of extension is for the organization's return for: It is for less than 12 mothange in accounting period | FAX Not usiness in the ur digit Group to the check this bootstood required organization re | United States, check this box Exemption Number (GEN) and attach a list with the naid to file Form 990-T) extension of time eturn for the organization named above | f this is for the whole mes and EINs of all | | |
| 3a If this | s application is for Form 990-BL, 990-PF, 990-T, efundable credits. See instructions | 4720, or 6069 | , enter the tentative tax, less any | 3a \$ | 1,000. | |
| b If this application is for Form 990-PF, 990-T, 4720, or 606 payments made. Include any prior year overpayment allo | | | ny refundable credits and estimated tax credit | 3ь\$ | 0. | |
| EFTP | nce due. Subtract line 3b from line 3a Include yo S (Electronic Federal Tax Payment System) Se | e instructions | <u> </u> | 3c \$ | 1,000. | |
| Caution. If payment in | you are going to make an electronic fund withdr istructions | awal with this | Form 8868, see Form 8453-EO and Form | n 8879-EO for | | |

| | Rev 1-2012) HAROLD S. CAMPI | | | 23-2804 | 1009 Page 2 | | |
|---|---|--|--|---------------------------------------|--|--|--|
| | are filing for an Additional (Not Automatic) | | | | ► X | | |
| lote. Only | complete Part II if you have already been | granted an automat | c 3-month extension on a previo | usly filed Form 8 | 368 | | |
| | are filing for an Automatic 3-Month Extensi | | | | | | |
| Part II | Additional (Not Automatic) 3-Mon | th Extension of | Time. Only file the origina | I (no copies r | needed). | | |
| | | | Enter file | er's identifying n | umber, see instructions | | |
| | Name of exempt organization or other filer, see instruc | tions | | Employer identif | cation number (EIN) or | | |
| ype or | | | | | | | |
| rint | HAROLD S. CAMPBELL FOUNDATION, INC. | | | X 23-280 |)4009 | | |
| | | | | | umber (SSN) | | |
| le by the ktended | | | | | | | |
| e date for ing the | 2285 SCHOENERSVILLE RD, # | HOENERSVILLE RD, #210 | | | | | |
| turn See structions. | | City, town or post office, state, and ZIP code For a foreign address, see instructions | | | | | |
| | BETHLEHEM | PA 18 | 3017 | | | | |
| | | | | | | | |
| nter the | Return code for the return that this applicati | on is for (file a sens | erate application for each return) | | 04 | | |
| inter the | retain code for the retain that this applicati | on is for time a sepa | arate application for each return) | | 104 | | |
| nalicatio | | Deture | Application | | Det | | |
| pplication For | on | Return Code | Application Is For | | Return Code | | |
| | | | , , , | 1 3 | , 3 | | |
| orm 990 | DI | 01 | Form 1041 A | ` | | | |
| orm 990 | | 02 | Form 1041-A | | 08 | | |
| orm 990 | | 01 | Form 4720 | | 09 | | |
| orm 990 | | 04 | Form 5227 | · · · · · · · · · · · · · · · · · · · | 10 | | |
| | T (section 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | | |
| orm 990 | T (trust other than above) | 06 | Form 8870 | | 12 | | |
| vhole gro nembers 4 I rec 5 For | is for a Group Return, enter the organization up, check this box | ne until May 15 beginning Jul 1 | k this box and attach a lis , 20 | g Jun 30 | If this is for the and EINs of all , 2012 return | | |
| | Change in accounting period | | | | | | |
| 7 Stat | e in detail why you need the extension | TO GATHER OU | TSIDE INFORMATION | | | | |
| | | | | | | | |
| | | | | - | | | |
| non | is application is for Form 990-BL, 990-PF, 9 refundable credits. See instructions | | | 8a \$ | 0 | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | | | | | 50 | | |
| c Bala EFT | ance due. Subtract line 8b from line 8a Incl PS (Electronic Federal Tax Payment System | lude your payment v m) See instructions | with this form, if required, by usin | g 8c | | | |
| | Signature and | Verification mu | st be completed for Part | ll only. | | | |
| | ties of perury, I declare that I have examined this form, is complete, and that I are author series repare his food | | hedules and statements, and to the best of | | - VII.111 | | |
| ignature | | Title - | | Dat | | | |
| BAA | | FIFZ0502 | 2 07/29/11 | F | Form 8868 (Rev 1-2012 | | |